



# Child Welfare Services

Stakeholders Group

## *CWS Redesign: The Future of California's Child Welfare Services*

*Final Report*

September 2003



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Dear Californians:

Over a period of many years, the original vision for supporting and healing families deteriorated into a system that is too adversarial and coercive to be effective. The hasty reactions to tragic events, coupled with genuine good ideas and best practices, have resulted in a patchwork of limitations and inflexibility, approaches confined by fear of liability despite a deep desire to serve.

In 2000, Governor Davis signed legislation establishing the Child Welfare Services Stakeholders Group, comprised of 60 individuals representing all aspects of the public and private child welfare community, including front line caseworkers, former foster youth, kinship caregivers, juvenile court judges, union representatives, researchers and philanthropists. We are the only state in the nation to have undertaken such a fundamental change absent a court order. The California Child Welfare Services Stakeholders have reclaimed the original vision: "Every child living in a safe, stable, permanent home, nurtured by healthy families and strong communities." This is the foundation for the Redesign of the Child Welfare Services system in California. It serves as a guide for the Executive, Judicial and Legislative branches.

The Redesign Final Report is an extraordinary vision crafted by people who know what works and what does not work. The Stakeholders Group spent countless hours looking at the underlying assumptions about child welfare. They identified research-based best practices and clarified an approach to supporting at-risk families as well as families already in the child welfare system using the support of neighborhoods and communities.

Implementation of the Redesign will help to prevent the incidence of child abuse and neglect. Communities will share the responsibility for protecting children and strengthening families. All families will be treated with dignity and will be empowered to resolve their own challenges. Foster youth aging out of the system will be better equipped to face adulthood and have the support of a caring adult.

The Redesign outlines ways for each of us to play a crucial role in the success of this endeavor. We will seek greater flexibility with resources currently earmarked for child welfare services, maximize the collaboration of activities and resources in every community and seek additional resources at the federal level. Ultimately, to fulfill the promise of the CWS Redesign, additional funds will be needed.

To all who contributed to the CWS Redesign, thank you for staying the course through a process that was thorough, inclusive and comprehensive. With a steady eye on the vision, and a close examination of the issues, you produced an exceptionally visionary and practical blueprint that will serve California's children, families and communities.

Sincerely,

A handwritten signature in black ink that reads "Rita Saenz".

RITA SAENZ  
Director







# Child Welfare Services

Stakeholders Group

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# EXECUTIVE SUMMARY

**“Build on the Best – Reinvent the Rest”**



# EXECUTIVE SUMMARY

## “Build on the Best – Reinvent the Rest”

When too many of California’s children are without the security of a stable, permanent home; when too many families return time and again to the system with escalating problems before services can be provided; when too many youth are leaving the system without being prepared for adult life—it is time to do something about it. Nationally, there has been no fundamental change in the child welfare system in 20 years. The one-size-fits-all approach of the past cannot meet the changing, complex needs of children and families. This holds unintended consequences for their well-being and costly impacts for society. California is no longer willing to accept this reality and is taking action to transform its child welfare system into one that benefits all children and families with accountability for results.

The plan is in place, the partners are poised and the vision is clear. California is taking action to change how child welfare services are delivered in California, so that:

*Every child in California lives in a safe, stable, permanent home, nurtured by healthy families and strong communities.*

The Child Welfare Services (CWS) Redesign (“Redesign”) is the long-term strategic plan that sets in motion a series of actions across the state to bring the new vision of child welfare services to every county. Comprehensive in scope, the plan contains an integrated set of policy shifts; practice improvements; alignment of partners, systems and communities; and new accountability structures to make certain the promise of a safe and stable home is realized for all children.

Redesign represents an unprecedented effort to proactively examine what works and what needs improvement about California’s child welfare services system. Too often across the nation, the momentum for public policy change in child welfare stems from tragedy or other negative motivators. Instead, California’s Redesign builds upon the best of child welfare services in the state and reinvents the rest. Fortified by a strong commitment to achieve better outcomes for children and families who are vulnerable to the risks of abuse and neglect, California has charted the course for reaching that goal.

### The Child Welfare Services Stakeholders Group

The Davis Administration and California Legislature established the Child Welfare Services Stakeholders Group in 2000. Convened by the California Department of Social

Services (CDSS) the CWS Stakeholders Group was charged with the task to (1) examine the current reality of child welfare services in California, (2) build on effective child welfare practices inside the state and elsewhere and (3) recommend comprehensive, integrated system changes to improve outcomes for children and families.

A diverse group of 60 individuals representing all aspects of the public and private child welfare community, the Stakeholders Group has been a catalyst for unprecedented interest and support across multiple sectors. From academic researchers to front line caseworkers; from former foster youth to philanthropists; from union representatives to legislative analysts; from juvenile court judges to kinship caregivers—the Stakeholders worked together diligently to complete their task.

The process has been thorough, cumulative and inclusive over the three years allocated to conduct this complex work. Scores of committed individuals from all levels of the child welfare system have participated with the Stakeholders to examine the current reality, recommend system changes and plan for implementation.

### **Setting the Stage for Strategic Change**

In undertaking their work, the Stakeholders acknowledged the many committed individuals in the legislative and policy arenas who have made important strides to address child welfare issues in recent years. From policies that better meet the developmental and emotional needs of foster children to assisting relatives in becoming guardians through financial and support services to improving the capacity of the child welfare workforce to serve children and families, these efforts have been significant and were often driven by the foster youth representatives, who were members of the Stakeholders Group, who could speak from their own experience. However, all too often, these efforts have been isolated and therefore limited in their overall impact.

In addition, the Davis Administration and the State Legislature have recognized and acted upon the fact that the Child Welfare Services program has been historically under-funded. Together they increased total funding for CWS by \$511.5 million, which cumulatively represents a 32 percent increase over the previous five years. Despite this investment, an independent study demonstrated that most social workers' caseloads are still too high for them to meet all of the requirements of the job. Because singular initiatives and funding alone are not enough, the Administration formed the Stakeholders Group to provide a united, systemic, statewide effort to transform the entire program into achieving more efficient, effective results and to identify resources needed to be successful.

The Redesign effort has formulated a comprehensive, strategic plan to improve child welfare outcomes on the shoulders of these meaningful, yet limited efforts of the past. It is through the integrated, systemic approach of the Redesign that the



full measure of change, support and collaboration needed for deep, lasting impact can be realized.

## **Key Challenges in Child Welfare**

California is at a critical juncture to demonstrate improvements in providing Child Welfare Services. The state has about 13 percent of the nation's total child population, yet California's foster care caseload represents about 20 percent of the nation's total foster care population. For years, consistently high numbers of child abuse reports have been challenging the capacity of the system to respond effectively. The social, emotional and developmental cost to the children at risk of harm is profound. Many cases involve children under five years of age, with African-American children substantially over-represented. Many of the children who are in the child welfare system have parents who are burdened with substance abuse, domestic violence or mental health problems, creating an environment of chronic neglect for their children. California is not alone—nearly every state is facing similar trends—and is joining states such as Illinois and New York to restructure the Child Welfare Services Program.

There are important lessons from the innovations that California's child welfare agencies, service providers and researchers have already produced. Many counties have developed and implemented models of practice that have resulted in successful outcomes for children and families, such as Family-to-Family, wraparound, service integration with CalWORKs, family resource centers and public health nurse visitation. The Redesign builds on the elements of these successful programs and takes to scale what we know works to maximize positive results. With closer scrutiny regarding which interventions work best, the knowledge base will grow from blending the lessons learned by practitioners and researchers alike. While initial investments are necessary to make these system improvements, the cost-savings that arise from improved client outcomes, coordinating efforts among partners to reach common goals and staying accountable for results represent an invaluable return on social capital.

## **Strategic Reform for Lasting Improvements**

The substance and capacity of the entire system will be built around what we know works for children and families. The Redesign is not a series of quick fixes nor is it simply more funding added to the current system. Instead it is a staged, comprehensive, phased approach to improve child welfare outcomes in California. It blends effective practices grounded in principles of fairness and equity with system reforms to ensure sufficient resources, stronger partnerships, workforce excellence and greater accountability to sustain results over time.

## ***Results for Children and Families***

The ultimate success of the Redesign rests in real and lasting results for California's children and families. In essence, it means the following results can be expected to take shape over time:



- **Children are Safer:** Fewer and less severe reports of child maltreatment are made to CWS hotlines and any incidence of foster children being maltreated will continue to be intolerable.
- **Families are Stronger:** More families are able to safely and consistently care for their children as a result of their involvement with CWS and its service partners. Parents are treated with dignity and empowered to help resolve their own challenges and plan their own futures.
- **Youth are Supported:** Youth in foster care receive the financial and emotional support they need to become successful adults.
- **Services are More Responsive:** Children and families at risk receive the services they need when they need them without the threat of removal.
- **Results are More Fair & Equitable:** All families facing similar challenges experience equally positive benefits as a result of their encounters with CWS and its partners.
- **Children Experience Greater Stability:** Children who cannot be cared for safely and consistently by their parents gain permanent families through adoption or guardianship in greater numbers and more quickly.
- **Communities Share Responsibility for Child Welfare:** Communities are more involved in protecting children and strengthening families.
- **Children and Families are Served by an Excellent Workforce:** All levels of the workforce that carry out functions of child welfare, including CWS and its public and private partners, have the capacity, training and support to be effective in helping children and families reach positive outcomes..

Such outcomes across all communities in California will become the true measure of the Redesign's success. Redesign implementation through commitment at the state, county and community levels will set in motion what it takes to improve safety, permanence and well-being for children and families.

## **Overview of Redesign Objectives**

Building on the work of Year 2, the Stakeholders view the greatest impact on improving outcomes for children and families is by changing how CWS and its partners respond to children and families from the first hotline call throughout the life

of the case. Changing the intake system to be more responsive, having a stronger emphasis on restoring and rebuilding permanent families for children and ensuring that youth who age out of foster care are better equipped for adulthood are the key leverage points where practice changes can profoundly affect results. These objectives are described below in terms of what they seek to accomplish and what it will take to implement these shifts in practice.

*Partner to **PREVENT** child abuse and neglect*

The CWS Stakeholders have concluded that prevention of child abuse and support of families is not only good practice, but also a cost effective strategy to protect and nurture children and maximize the quality of life for California's residents. The practice of prevention is woven into all aspects of the Redesign to build a proactive system that seeks to mitigate the circumstances leading to child maltreatment before it occurs. Establishing a statewide prevention system will require that we:

- Establish **partnerships** at the state, county and neighborhood levels to share knowledge, responsibility, resources and accountability with CWS for the protection and well-being of children and families within the community.
- Develop a comprehensive **network of resources and opportunities** in each community to ensure families receive services they need when they need them.
- Employ dedicated, sustained **flexible funding strategies** to support a comprehensive range of prevention strategies.

*Act early to **PRESERVE** and strengthen families*

The CWS Stakeholders Group has focused on how to build a system of early intervention in California communities to engage families by strengthening and preserving their capacity to protect and nurture their children. It requires alignment of CWS and community partners to act early—as soon as the family comes to the attention of CWS—and offer flexible response options so that families can get what they need when they need it. While the overriding goal remains child safety, implementing a new CWS intake and response process involves the following actions:

- Establish a **new intake structure** to provide three pathways of service response based on the family's level of safety and risk.
- Improve methods for **contracting with public and private agencies** to focus on shared responsibility for achieving child & family outcomes.
- Apply a **standardized approach to assessment** of safety, risk and protective capacity of families.

*Current funding and policies only allow CWS to intervene in the most serious cases.*

- Enhance the CWS Hotline/Intake Response to promote **more relationship-based contact with families**.
- Engage in a **comprehensive assessment** process to examine all factors that need to change in order to keep the child safe.
- Use **team decision-making** for assessment and case planning.
- **Shift the focus from substantiating abuse and neglect to engaging families** and identify what they need as the basis for determining the best course of action to reduce risk and strengthen family functioning.
- Establish availability and access to a **continuum of core services** that address the needs of vulnerable children and families.

*Broaden efforts to **RESTORE** family capacity*

Federal law requires that reasonable efforts be made to restore the capacity of birth parents to resume their parental responsibilities. Given all of the Redesign's efforts, some situations will still require removal of children from their birth parents on either a temporary or permanent basis. When this occurs, the Stakeholders envision a better way for CWS to recognize the importance of building parental capacity and strengthening natural, meaningful connections between children and their birth family systems. Implementation of this new emphasis on restoration involves the following actions:

- Conduct **inclusive and comprehensive case planning** that engages families in individualized services and supports to build on their existing strengths while addressing issues of concern based on thorough, periodic assessments of child safety.
- Emphasize **early, safe restoration of families** to quickly and sufficiently address safety concerns and promote family functioning to avoid or shorten placement whenever possible.
- Promote **competent legal advocacy** to improve cooperation and alignment between CWS and court personnel resulting in better outcomes for children and families in child welfare related court proceedings.
- Utilize **non-adversarial approaches** to resolve case issues that might otherwise require court intervention.

*Strengthen alternatives to **REBUILD** permanent families for children*

The CWS Stakeholders envision a redesigned system where children who cannot be cared for by their parents gain permanent families through adoption, guardianship, or other permanency options in greater numbers and more quickly. The preferred result for children who encounter CWS is to remain or return home safely and permanently. Unfortunately, for many children and families, circumstances preclude this possibility.

The CWS Stakeholders call for a renewed commitment to permanence for every child entering out-of-home care through implementation of the following actions:

- Conduct **inclusive, flexible and comprehensive case planning** that engages all parties in planning simultaneously for both family restoration and permanency alternatives to ensure children gain the security of a permanent family quickly and effectively.
- Promote enduring family attachments for all children and youth by emphasizing **birth family connections as a priority** whenever children cannot be cared for by their own parents.
- Embrace the view that “**forever families**” **can be found** for virtually any child or youth who has failed to achieve permanency. This means no youth leaves the system without a stable and enduring relationship with a committed, willing and capable adult.

*Systematically **PREPARE** youth for success in adulthood*

The Redesign seeks to reduce the number of youth who remain in foster care until age 18, and recognizes the urgent need to assist older youth with the skills required for successful transition to adulthood. A renewed focus on preparation for adulthood illustrates how the intervention efforts of CWS are brought back full circle to prevention. Youth who exit the system positioned for success in their own lives will be much less likely to repeat the pattern of maltreatment with their own children. The following actions will ensure that older youth who remain in foster care will be actively engaged in activities and experiences through which they practice increasing independence, develop needed skills and create a viable plan for their lives after foster care:

*Each year in California, nearly 2,300 youth “age out” of foster care without safe, affordable housing in which to live.*

- Conduct **inclusive, flexible and comprehensive case planning** that engages youth in planning to achieve permanency while simultaneously preparing for transition to adulthood.
- Expand the focus on **strong and enduring ties** for every youth to one or more nurturing adults.
- Develop and utilize a **community network of services and supports** to enhance youth preparation while in care and continue to assist youth through their transition into adulthood.
- Provide every youth who leaves the system at age 18 with a “**guaranteed preparation package**” that includes:
  - A healthy sense of cultural and personal identity
  - A close, positive and lasting relationship with at least one adult

- Other supportive relationships and community connections
- Access to physical and mental health services
- High school diploma, equivalency certificate, or GED
- Income sufficient to meet basic needs
- A safe and stable living situation
- Basic documents needed for employment, such as social security number, birth certificate, immigration papers

### ***AFFECT CHANGE through Workforce Excellence***

The Stakeholders assert that because helping relationships are clearly the primary mechanism of change for clients in child welfare, it is these individuals—the child welfare workforce—who need to be valued, recognized, supported and invested in. The Stakeholders have defined workforce broadly to include both personnel of county child welfare agencies and the California Department of Social Services as well as collaborative partners essential to child welfare operations, such as community based agencies, law enforcement, resource families (kinship and foster parents), court personnel and the multiple service system that serve the educational, emotional, physical, social, and cultural needs of children and families. The following actions are needed to ensure this broader workforce is prepared and supported to implement the Redesign:

- Shift the **organizational culture** to embrace the values and strategies of Redesign as reflected by agency policies, practices, structures and functions being aligned and consistent with Redesign objectives.
- Expand **workforce capacity** to meet demand:
  - Recruit and retain sufficient qualified workforce members to fulfill functional roles required by Redesign.
  - Fortify the workforce with new partnerships at the state, county and community levels.
- Effectively partner with **Resource Foster Families** (kinship and foster parents) to achieve child and family outcomes.
- Build **skills and competencies** of the workforce to promote desired outcomes, especially with vulnerable populations (e.g., chronic neglect, children age 0-5, homeless families, poverty, and substance abusing parents).
- Establish an **integrated learning system** to deliver the knowledge, techniques, support and resources to prepare and support the workforce for success.
- **Measure results of workforce development** efforts to build, maintain, prepare and support the child welfare workforce and make adjustments as needed.



- **Support manageable workloads** to allow sufficient time and capacity for workforce members to practice enhanced family engagement, comprehensive assessment and other relationship-based techniques essential for the Redesign.

In addition to the objectives described above, system-wide changes are needed to ensure that sufficient capacity for funding, partnerships and evaluation exist to sustain the Redesign on a broad scale over time. No one agency can implement the Redesign on its own; it will require the shared responsibility across multiple systems invested in the safety and well-being of California's children and families. What these system-wide reforms seek to accomplish and what actions it will take to implement them are summarized below.

### ***STRENGTHEN Inter-Agency Partnerships at the State and Local Levels***

The population served by the child welfare system is affected by a variety of issues that are addressed through a number of different systems. The Redesign plan focuses on the need for systems coordination and integration between CWS and the domains of Drug and Alcohol Programs, CalWORKs and the courts. These can serve as models for equivalent discussions and actions to occur in other areas such as domestic violence, mental health, education and others. To best meet the needs of the families served by these multiple systems and achieve positive outcomes, it is imperative that there exists a well coordinated inter-agency system that promotes the following actions:

- **Cross-train inter-agency workforce members** on effective assessment, service coordination and case planning techniques.
- Enhance **service integration and coordination** between CWS, alcohol and drug programs, CalWORKs, the courts, mental health, education, domestic violence, and other agencies to better address the key risk factors of child maltreatment.
- Blend **multiple funding streams** to leverage partnering agencies' jurisdictional spending authority.
- Encourage leadership of the **court to promote greater inter-agency coordination** among agencies and providers involved in child protection and family well-being.
- Establish a **less adversarial court environment** through alternative methods for dispute resolution, standard safety assessment approach, team decision-making and realistic timelines to promote family change.

*Children from families with annual incomes below \$15,000 per year are 22 times more likely to experience some form of maltreatment.*

*Substance abuse is a significant factor in approximately 80% of child maltreatment cases.*

### **EXPAND AND RESTRUCTURE** *Child Welfare Financing*

The resource reality of the CWS Redesign is compelling California to develop a comprehensive approach to expand and restructure child welfare financing. The Redesign provides strategies and methods for improving outcomes that will be the return on our investment in the lives of families and children we serve. Initial support for Redesign implementation has already begun. Examples include the state's commitment to provide CWS oversight resources for training and technical assistance for the Redesign and recently established state and county partnerships with philanthropy to help support social work practice and evaluation of results. However, these alone are insufficient to fully implement the Redesign. For this reason, the Stakeholders have identified the following strategies and actions to help achieve this goal:

- Seek approval for **more flexible use of federal and state funds** rather than being tied to categories of service in order to maximize existing public resources.
- Restructure and realign State support with **fiscal strategies** for use by counties to optimally implement the Redesign across all sectors who will now share responsibility for child protection and child and family well-being. The fiscal strategies are:
  1. Reconfiguring the CWS Allocation
  2. Permanent Waiver Authority
  3. Flexible Funding
  4. Performance Based Contracting
  5. Title IV-E Training Waiver
  6. Contracted Administrative Support
  7. Funding Multi-Disciplinary Teams
  8. Reinvesting Foster Care Savings
  9. Interagency Coordination
  10. Child Care for Employed Foster Parents
- Develop **strategic partnerships with philanthropy and First 5** to leverage public funds with private resources to support achieving better results for children and families.
- Establish a **Fiscal Training Academy** to ensure all program and fiscal staff of CWS and its partners have the resources and knowledge to restructure the financing of child welfare services.
- Advocate for **child welfare financing reform** at the national level consistent with federal requirements for child safety, permanence and well-being.



## **ACHIEVE BETTER OUTCOMES** *through Accountability*

The impetus for demonstrating success derives from the Stakeholders' vision to ensure that every child in California has the opportunity to live in a safe, stable, permanent home, nurtured by healthy families and strong communities. The Federal Child and Family Service Reviews (CFSRs) and associated program improvement planning process represent a national agenda for change and reinforce the urgency of improving California's Child Welfare Services system. At the State and local levels, continuous quality improvement is assured through the statewide accountability and monitoring system mandated by Assembly Bill 636. This legislation, authored by Assembly member Steinberg (chaptered October 10, 2001), and signed into law by Governor Davis is also known as the Child Welfare Outcomes and Accountability System. Outlined below are the key elements needed to implement these accountability mechanisms:

- Achieve specific goals outlined in the federally required **Program Improvement Plan** to make changes guided by the strategic directions of the Redesign.
- Track performance measures related to the Redesign through the **Child Welfare Outcomes and Accountability** process.
- Establish a **Redesign Practice Framework** to document and transfer practice standards, protocols and lessons learned.
- Establish a centralized **Evidence-Based Practice Clearinghouse** to evaluate and communicate to the workforce promising practices that are effective in reaching positive outcomes for children and families.
- Ensure **fair and equitable outcomes** for all children and families through the following mechanisms:
  - Change the **dynamics of bias** through partnerships, inclusion and engagement.
  - Use emerging **tools and evidence-based practices** to ensure fairness and equity while addressing the disproportionality that exists in the current system.
  - **Prepare and support the workforce** to promote fair and equitable outcomes.
  - **Measure results** and use information to improve outcomes.

## CWS Redesign Implementation Plan

The Redesign is the long term strategic approach to improve the child welfare service system. There are important milestones at each stage of implementation. The Redesign implementation plan addresses the following topics:

- **County Incorporation of Redesign:**  
How and when child welfare partners will join in the Redesign effort and how early phases of implementation will proceed.
- **Partners and Systems:**  
How other agencies and programs will come together with CWS to make change happen.
- **Fiscal Strategies:**  
How we will pay for the Redesign.
- **Legislative Strategies:**  
How and when the Redesign will be authorized and supported.
- **Technology:**  
How and when Child Welfare Services/Case Management System (CWS/CMS) will be aligned with the Redesign.
- **Outcomes and Accountability:**  
How we will know we are on track for achieving Federal and State outcomes.

## Conclusion

With the destination selected—improved outcomes—and the road maps charted, the time for moving forward has begun. Implementation of the Redesign represents a systemic change led by Child Welfare Services, but grounded in the fabric of the community. Critical to our success are people at the state, county, community and neighborhood levels joining together in a comprehensive effort to ensure every child in California will live in a safe, stable, permanent home, nurtured by healthy families and strong communities. The Redesign is long-term in its commitment and the time to act is now—incrementally and inclusively to ensure the roots of transformation run deep to continually renew and maintain our commitment to positive outcomes for all children and families across California.

# INTRODUCTION

**“Build on the Best – Reinvent the Rest”**



# INTRODUCTION

## “Build on the Best – Reinvent the Rest”

The time is now to bring the vision for Child Welfare Services in California to life. It is the vision that:

*Every child in California lives in a safe, stable, permanent home, nurtured by healthy families and strong communities.*

This vision is familiar in theme, but broader in scope and opportunity than ever before. The target for the vision is *every* child across the state and this dream is possible through stronger public/private partnerships, earlier more responsive services and greater accountability for results.

This report represents the culmination of a three-year effort to design the promise, the practices and the pathway necessary to bring about an improved child welfare system in all 58 counties. It is intended for everyone who holds a stake in helping re-invent California's public child welfare environment to ensure better results for children and families. Specifically, it is aimed at those who will make the change happen—public and private child welfare practitioners, juvenile courts, policy makers, foster parents, service providers, teachers, community-based organizations, legislators and, of course, families and children themselves.



The document begins with the history of how the child welfare Redesign effort came to be, including the process and methods used to conduct the work. Next, the key practice and system changes embodied by the Redesign are described with an eye toward what they mean for children, families and communities in California. The next section explains how the Redesign complements and enhances other statewide child welfare-related improvements that have similar philosophies, strategic goals and timelines. Finally, the timeframe for leadership and legislative action needed to implement the Redesign changes are outlined. (Note that, in addition to this report, there is a companion document, *The Redesign Implementation Guide*, that provides additional guidance regarding implementation of key operational components of the Redesign.)

### Background and Context for CWS Redesign

An overview of the history and evolution of the Redesign sets the stage for how the changes fit into the larger context of the child welfare environment in California and meet the challenges facing the current system.

## ***History of Redesign***

In 2000, widespread consensus was emerging that California could and must do a better job of providing for the safety and well-being of its most vulnerable children and families—those at risk of abuse or neglect. As a result, the California Legislature and Governor Davis enacted AB 1740 authorizing the Redesign effort to begin. The Child Welfare Services Stakeholders Group was appointed in August 2000 to examine the current reality of child welfare services in California, build on effective child welfare practices inside the state and elsewhere and recommend comprehensive, integrated system changes to improve outcomes for children and families.

Comprised of over 60 individuals representing all aspects of the public and private child welfare community, the Stakeholders Group has been a catalyst for unprecedented interest and support across multiple sectors. From academic researchers to front line caseworkers; from former foster youth to philanthropists; from union representatives to legislative analysts; from juvenile court judges to kinship caregivers—the Stakeholders worked together diligently to complete their task.

Inclusion has been an essential ingredient in the process. To help shape their recommendations, Stakeholders engaged over 200 others from inside and outside the child welfare community through participation in centralized and regional workgroups. Thousands more were involved via community forums, annual summits, a statewide televideo conference and other outreach events. Individual Stakeholders also connected with their own communities to discuss the Redesign, solicit feedback and gain expertise from those closest to the children and families in need of service.

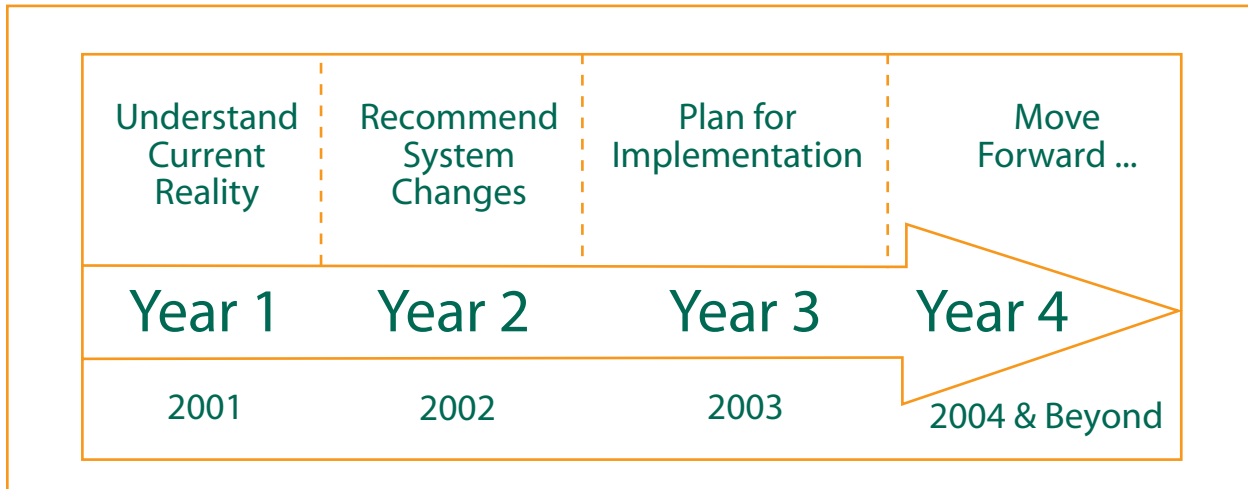
## ***Stakeholders' Process***

Due to the complexity and scope of their assignment, the Stakeholders were given three years to complete their work in a comprehensive and inclusive way. Their methods were thorough and extensive, including exploring historical beliefs and assumptions that drive the current system, examining current research findings, creating inventories of recent promising practices, analyzing data on the current service population and consulting with lay and professional experts from California and across the nation.

Producing results has been a cumulative effort. The first year explored critical issues and assumptions that drive the current system resulting in a renewed set of foundational principles for the new system. The second year built on these principles to create a conceptual framework for the Redesigned system including 30 major

strategies aimed at improving results for children and families. Finally, year three has given rise to the plan that applies those strategies throughout the child welfare environment in California. Figure 1 illustrates how the result of each year's effort built upon the last.

**Figure 1: CWS Redesign Process**



- **Year One (2001)** focused on understanding the current reality of CWS—assumptions were surfaced, potential areas of system change targeted and positive aspects to preserve identified. These findings were carried forward as the cornerstones upon which the Redesign concepts were built.
- **Year Two (2002)** was about making specific recommendations for needed system changes and proposing strategies to accomplish the changes. The result was publication of the Conceptual Framework for the CWS Redesign (May 2002).
- **Year Three (2003)** has been aimed at developing a comprehensive implementation plan to address how the changes can be put into practice. This report and the Redesign Implementation Guide are the products of the final year of the Stakeholders Group.
- **Year Four and beyond (2004...)** will be focused on implementation of the Redesign strategic plan with the mechanisms in place to ensure action is steady, progress is measured and accountability for results is integrated throughout the process.

The entire CWS Redesign process of closely examining issues, continuous feedback from Stakeholders and keeping a steady eye on the vision resulted in a comprehensive **strategic plan to improve the child welfare outcomes**. This

strategic plan is comprised of:

- 9 key **change objectives** that describe what the Redesign seeks to accomplish.
- 30 **conceptual strategies** that articulate the recommendations for achieving each change objective.
- 8 priority **operational components** to identify discrete areas of change that will result in the greatest impact for children and families.
- Corresponding **action plans and guidance** for putting each component of the Redesign into place.

### ***Rationale for CWS Redesign***

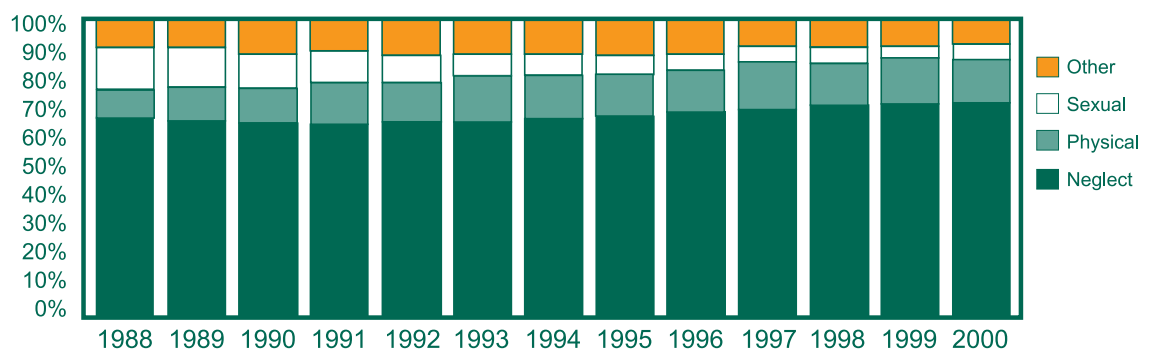
The current system faces several challenges that impact the ability to reach positive results in the lives of children and families. The traditional approach to intervention tends to be adversarial, the service delivery structure is fragmented and there are insufficient resources to meet the complex circumstances facing families at risk of abuse or neglect. In short, the system needs to change because families who could benefit from services are falling through the cracks and the system's ability to respond is limited.

### ***Neglect is the most common circumstance***

The most common reason that children and families become involved with CWS is due to neglect. The underlying causes of neglect are complex and typically include substance abuse and mental health issues. In 2000, more than half (53%) of all substantiated reports were due to neglect and the bulk of these cases (46%) consisted of children 5 years of age or younger (California Children Services Archive, 2000). Neglect also is the most common reason for a child to be removed from his or her home and placed in out-of-home care. Between 1988 and 2000, consistently

### **First Entries to Out-of-Home Care by Removal Reason, 1988-2000**

**Neglect is the reason children are removed from their birth family.**





large proportions (65-70%) of first time entries into care were for reasons of neglect. According to the Center for Social Services Research (2000), 77% of children in foster care were removed from the home for neglect-related reasons. Responding effectively to the complex factors that lead to child neglect requires resources from multiple systems. Unfortunately, most services available currently through CWS are not designed to specifically address this particular family condition in order to improve the parent's protective capacity. This means families and children continue this pattern until more dire circumstances surface and more costly interventions are required.

#### *Ability of the system to respond to children and families*

The current allegation based system does not provide or fund early intervention with families to protect children from repeated exposure to risks that lead to child maltreatment. Each year up to 33% of all referrals represent repeat referrals of the same families from the previous year. In addition, very few children reported to Child Protective Services receive more than crisis response services from child welfare agencies. In recent years, 92% of referrals have not received safety or change-oriented services, such as an in-home safety plan, family counseling, family support or other therapeutic interventions. Many of these children—who have, in fact, experienced risk factors associated with abuse or neglect and who could have benefited from services—often do not qualify for assistance because the threshold for public agencies to act is set so high.

**Each year, approximately one-third of all referrals represent repeat referrals of the same families from the previous year**



California is in a unique position to implement an unprecedented transformation of its child welfare services system. This state has the largest child welfare caseload in the country, is home to some of the most renowned child welfare research institutions in the nation and has demonstrated leadership in establishing flagship initiatives focused on children and families, such as First 5 California Children and Families Commission and Children's System of Care. This climate has fostered a significant legacy of lessons learned that help shape changes to the entire system in an evidence-based, outcome-driven, reasoned and systematic way. In order to truly transform the system over time, the Stakeholders have developed a plan that is both strategic and tactical. It addresses how change will happen through short-term and long-term actions taken at a steady, deliberate pace.

### ***A Strategic Approach to Guide Tactical Action***

Transformative change involves three ingredients: (1) a clear vision of the new reality, (2) specific tactics for getting there and (3) a means of checking progress along the way. Improving child welfare in California has these ingredients as well.

- The Redesign provides the vision, strategic direction and method for change,
- The Program Improvement Plan (PIP) contains the short-term action steps for getting there, and
- The Child Welfare Outcomes and Accountability System increases accountability and creates monitoring mechanisms to track results.

Figure 2 on the following page depicts the relationship of these efforts to one another.

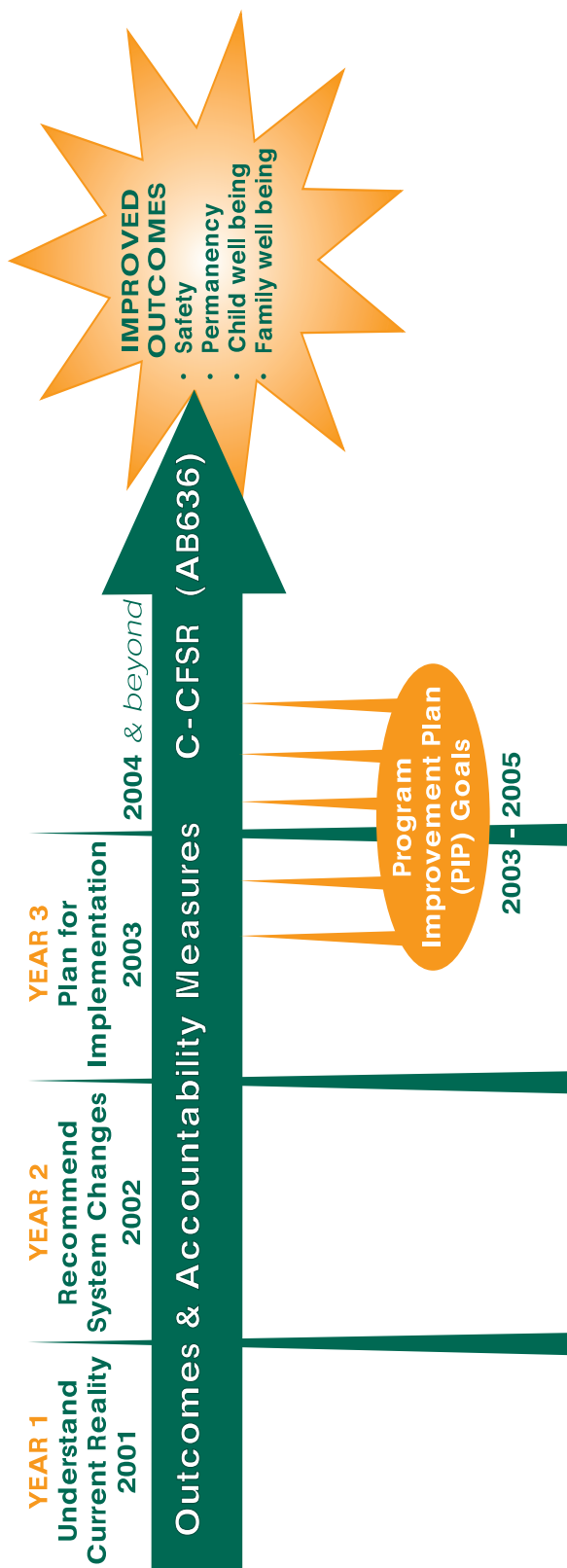
The Redesign is the strategic plan that offers the vision as well as the methods and means for CWS and its partners to achieve better outcomes for children and families.

Like every other state that has been reviewed by the federal government, California was required to develop a Program Improvement Plan (PIP). The PIP is the short-term action plan for achieving the outcomes for children and families required by the federal government. It provides tactical action steps California will undertake over the next two years before the next regularly scheduled federal review. These action steps reflect the spirit and intent of the Redesign to ensure that Redesign strategies translate to concrete actions required by the PIP, thus changing the way child welfare operates in order to improve the lives of children and families.

The Child Welfare Outcomes and Accountability System (Assembly Bill 636), authored by Assembly member Steinberg (chaptered October 10, 2001) and signed

**Figure 2: Relationship of CWS Redesign to the PIP and CWS Outcomes and Accountability System**

# California Child Welfare Services REDESIGN



by Governor Davis, established a statewide accountability and monitoring system for child welfare services. The purpose of this legislation is to establish new outcome based reviews of CWS to track federal outcomes as well as other performance measures related to the Redesign. The system uses peer case reviews and other methods to essentially refine and expand the federal review process to all California counties, rather than just a small sample.

The Redesign is aimed at changing how the state and county CWS programs do business in order to improve outcomes for children and families. The overall effort promotes accountability to outcomes and will infuse state leadership and county operations with Redesign strategies to make evidence-based improvements in practice, collaboration and community engagement.

### ***Assumptions that Inform a New Reality***

Many historical beliefs and assumptions drive the current child welfare system. The Stakeholders recognized an important dimension of promoting change—to encourage discovery, discussion and consensus about the assumptions and beliefs that drive our actions and decisions. Several such assumptions are central to the Redesign philosophy embraced by the Stakeholders including:

- Intervention based simply on parental blame and punishment does not necessarily make children safer and holds unintended consequences for child and family well-being.
- It takes a well timed, helping relationship, fortified by sufficient safety and change oriented services matched to the assessed strengths and needs of the family to secure lasting protection.
- Creating opportunities to improve families' parenting capacity results in better outcomes than encouraging removal of children from their families.
- The threat of losing one's children is not a sufficient motivator for change; building on family strengths, engaging the family's natural support systems, providing needed services and supports and promoting genuine involvement of the family in decisions affecting their child's safety, permanence and well-being are more effective.
- Child protection is too big a job for CWS alone; it takes CWS forging partnerships at the state, local and neighborhood levels to ensure success.
- Children do better when natural connections to their birth family can be preserved, using permanency as the ultimate goal.

It was with these beliefs and others in mind that the Stakeholders set out to redesign the child welfare system in California. These assumptions span a wide

range of topics—from the fundamentals of optimal child development to the role of government in family life; from the nature of the intervention of the service response system to the nature of change in human systems, just to name a few. A total of 67 assumptions (see *CWS Redesign: Conceptual Framework* (May 2002)) continue to inform the Stakeholders' vision of how the system needs to be constructed and implemented in order to affect improved results for children and families.

### The Redesign Reality: Results for Children and Families

The ultimate success of the Redesign rests in real and lasting results for California's children and families. In essence, it will mean the following results can be expected to take shape over time:

- **Children are Safer:** Fewer and less severe reports of child maltreatment are made to CWS hotlines and any incidence of foster children being maltreated will continue to be intolerable.
- **Families are Stronger:** More families are able to safely and consistently care for their children as a result of their involvement with CWS and its service partners. Parents are treated with dignity and empowered to help resolve their own challenges and plan their own futures.
- **Youth are Supported:** Youth in foster care receive the financial and emotional support they need to become successful adults.
- **Services are More Responsive:** Children and families at risk receive the services they need when they need them without the threat of removal.
- **Results are More Fair & Equitable:** All families facing similar challenges experience equally positive benefits as a result of their encounters with CWS and its partners.
- **Children Experience Greater Stability:** Children who cannot be cared for safely and consistently by their parents gain permanent families through adoption or guardianship in greater numbers and more quickly.
- **Communities Share Responsibility for Child Welfare:** Communities are more involved in protecting children and strengthening families.
- **Children and Families are Served by an Excellent Workforce:** All levels of the workforce that carry out functions of child welfare, including CWS and its public and private partners, have the capacity, training and support to be effective in helping children and families reach positive outcomes..

Such outcomes across all communities in California will become the true measure of the Redesign's success. Redesign implementation through commitment at the state, county and community levels will set in motion what it takes to improve safety, permanence and well-being for children and families.

### ***Grounded in Mission and Values***

The following Redesign mission developed in Year One continues to guide the implementation planning phase of the Stakeholders' work.

#### ***CWS Mission***

*To create and sustain a flexible system, comprising public and private partnerships that provide a comprehensive system of support for families and communities to ensure the well-being of every child.*

**R** esponsiveness  
**E** xcellence  
**C** aring  
**R** espect  
**A** ccountability  
**F** airness/Equity  
**T** eamwork

Core values adopted by the Stakeholders are interwoven into the fabric of the Redesign and spell out the acronym "RECRAFT". These values not only define how Stakeholders agreed to relate to one another, but also how all participants within the CWS system can work together to make the Redesign a reality. One such value is core to all aspects of the Redesign as further described below.

### ***Fairness and Equity at the Core***

To ensure fairness and equity remain central, the following values and principles are infused throughout the Redesign.

- Continuously examine policies, regulations and practices to avoid creating barriers for children and families to achieve positive outcomes.
- Seek to remove systemic or institutional factors that interfere with promoting the best interests of children and families.
- Respect the humanity of all clientele, even when their behaviors are difficult to respect.
- Honor children and families with the belief that they have the capacity, moral courage, fortitude and other qualities, which lead to success.
- Infuse hope in individuals.
- Build in benchmarks and celebrate success.
- Encourage inclusion of families in decision-making about their own lives.

### ***Blueprint for the Future***

The new vision for the child welfare system in California is to recraft the entire system around what works for children and families. While the desired results remain unchanged, the resources, methods and renewed commitment to reach those results are the focus of the plan. The picture that emerges includes a new philosophy, common goals,

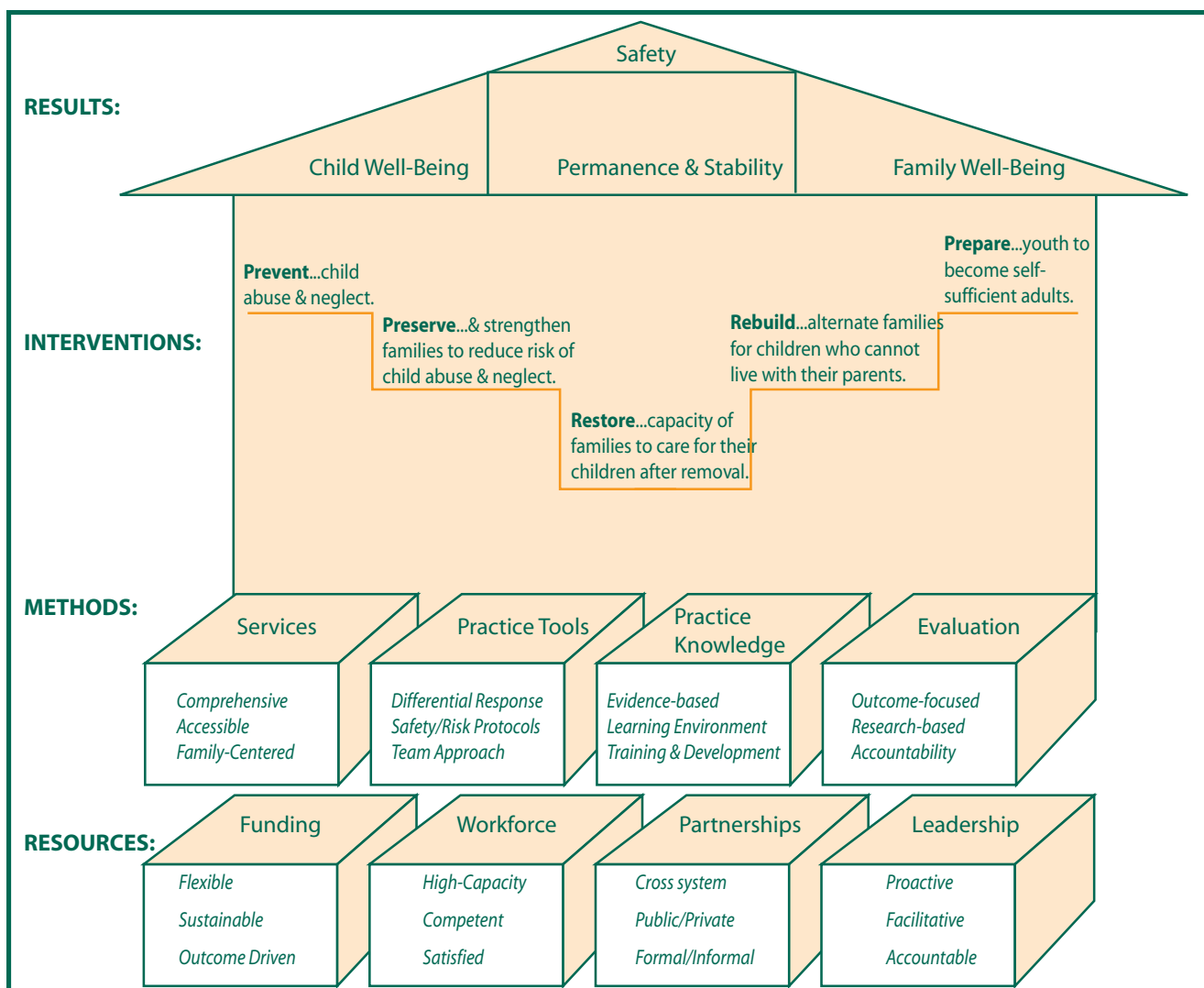
integrated strategies and enhanced relationships—with those we serve, with our communities and within child welfare agencies. In short, the Redesign requires deeper knowledge of our craft, sharper tools for the task, stronger partnerships to impact results and broader resources to ensure the safety, permanence and well-being of every child and family in California.

Like a home, the Redesign is supported by a strong foundation with coordinated systems working in harmony and sufficient flexibility to stand the test of time. Figure 3 depicts the “blueprint” for the future.

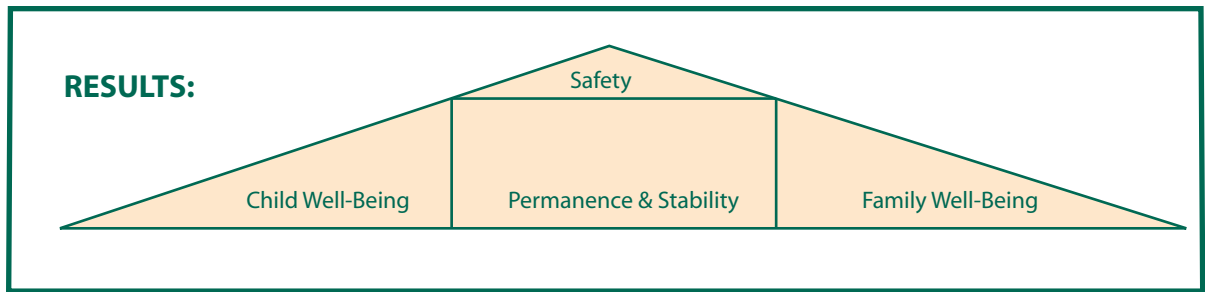
The following sections provide further details about each segment of the blueprint. The results, interventions, methods and resources that comprise the Redesign are depicted both visually and in narrative to describe how each aspect contributes to the whole.



**Figure 3: Blueprint of the Redesign**







### ***Focus on Results***

The pinnacle of the Redesign structure has a renewed focus on key desired results of safety, permanence and well-being for children and families with the community.

The Redesign empowers CWS to promote shared responsibility across systems and partners in each community to achieve the following common goals:

**Ensure the safety of children** – All children, first and foremost, are protected from abuse and neglect. Children are safely maintained in their homes whenever possible and appropriate.

**Sustain permanence for children** – All children and youth have a legal, permanent, stable relationship with an adult caregiver who commits to meeting the child or youth's developmental needs through transition to adulthood. Children experience a sense of belonging and emotional security through an enduring relationship with a parent or guardian while preserving continuity of family relationships and connections over time.

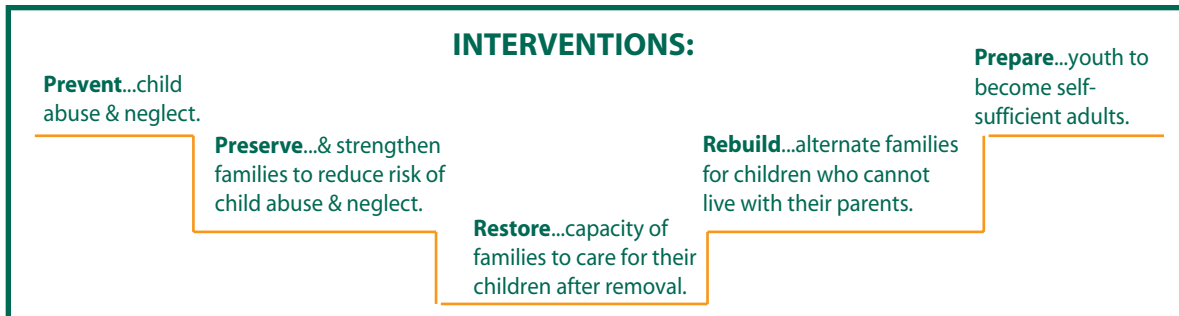
**Promote the well-being of children** – The well-being of our children is a shared responsibility of the whole community. The capacities and potential of all families are enhanced to provide for their children's developmental, behavioral, cultural and physical needs. Children and families receive sufficient support and services when and where they need them to maintain all aspects of their functioning that may be compromised by the risk factors associated with abuse or neglect.

**Promote the well-being of families** – Families demonstrate self-sufficiency and the ability to adequately meet basic family needs with respect to their parental role, such as safety, food, clothing, housing, health care, financial, emotional and social support. Families also exhibit age appropriate supervision of their children, especially during the optimal developmental period of birth to five years.



## Key Interventions

Next, the Redesign infrastructure addresses the full spectrum of involvement CWS can have in the lives of children and families who may be vulnerable to the risks of child abuse and neglect as a result of family circumstance, parental behavior or environmental conditions.



These are the critical points of intervention where the Stakeholders envision a new set of strategies to promote the safety, permanence and well-being of children and families. It is at these junctures—before, during and after involvement with CWS—that positive change can happen. To this end, the Redesign aims to:

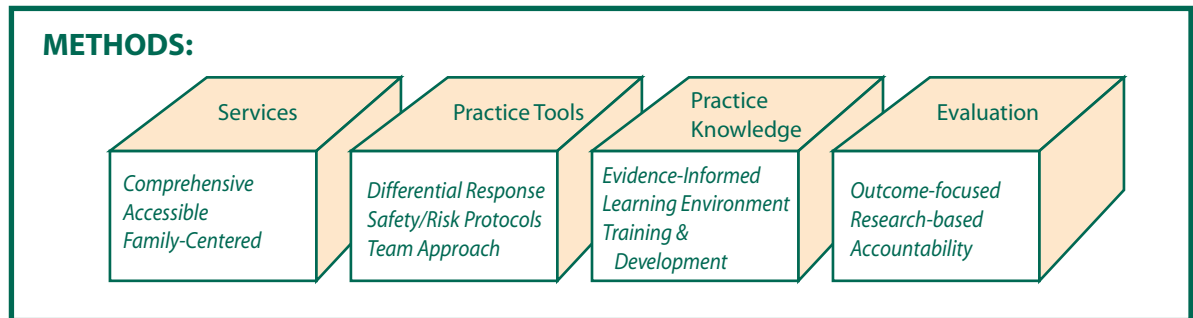
- Establish a community prevention framework to **prevent** child abuse and neglect whenever it may be at risk of occurring.
- Engage families with individualized responses to help them **preserve** and strengthen their capacities to provide safety and stability for their children.
- Ensure ongoing safety and stability for children by helping to **restore** the capacity of families to care for their children after removal and, when necessary, to **rebuild** alternate families for children who cannot live with their parents.
- Make connections for healthy futures with opportunities to **prepare** youth for successful transition to adulthood.

Finally, the recommended strategies form the “foundation” of the infrastructure for the Redesign. They represent the methods and resources needed to support the goals that CWS seeks to accomplish. The foundation consists of eight building blocks—each representing a critical success factor—to transform the system toward reaching positive results for children and families.

The key implementation strategies recommended by Stakeholders are summarized into the foundational building blocks shown in Figure 1 to provide an integrated view of the Redesign.

## ***Foundational Methods***

These are the techniques and processes child welfare teams need to perform their best practice with children and families—practice that reflects the new philosophy and structures of the Redesign. It includes the services, practice tools, knowledge base and evaluation mechanisms to serve clients well and maximize positive results.



**Services** – A comprehensive network of resources and opportunities need to exist in every community. This capacity for services must be accessible, culturally responsive and supportive to the children and families who encounter CWS and its community partners. The types of resources and opportunities that form the network are driven by a collaborative planning process lead by CWS that involves other public systems, community-based providers and organizations and community residents.

**Practice Tools** – There is a need for new and refined tools to guide the actions, teamwork and techniques that child welfare professionals apply in working with children and families across all stages of their involvement with CWS. This relies on a uniform practice framework that includes a new intake system at the hotline call; a standard approach to safety, risk and protective capacity of families; development of integrated case plans, applying uniform decision-making criteria to ensure fairness and equity for all clients and other promising approaches.

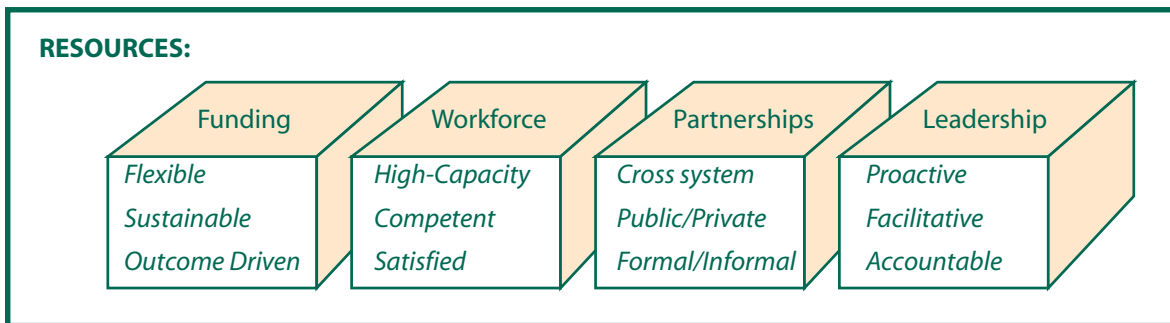
**Practice Knowledge** – This aspect of the Redesign supports development, continuous renewal and dissemination of the knowledge base that child welfare practice teams draw upon to make the best-informed case decisions for the benefit of children and families. Practice protocols and guidance for prevention and intervention across the service continuum are provided. This enables CWS to share this body of knowledge within a multi-disciplinary team environment. In addition, strategies for establishing partnerships, building community capacity, shifting organizational culture, managing change and ensuring accountability to outcomes complement the practice environment.

**Evaluation** – Accountability to outcomes in the Redesign requires a structure and process to assess the quality of practice and the system in which practice

is embedded. This includes evaluation of existing programs as well as practice innovations both inside and outside CWS for their applicability to the target populations and desired outcomes for CWS. Innovation for the sake of change is not good enough. The Stakeholders believe their responsibility to children and families requires that interventions are evidence-based and sufficiently tested to demonstrate efficacy. Evidence-informed practice means effective interventions are supported by research relevant to the population being served and child welfare service teams are sufficiently trained to competently deliver the preferred interventions. Once an innovative program is operational, willingness to track results and invite scrutiny to share learning and make needed improvements is essential.

### **Foundational Resources**

These are the means by which the Redesign changes will be launched and sustained.



It includes the funding, workforce, partnerships and leadership mechanisms to serve clients well and maximize positive results.

**Funding** – Implementation of the Redesign depends on applying flexible, sufficient, sustainable funds that support the child welfare system to achieve desired results for children and families. Linking funding to positive outcomes and providing fiscal incentives to keep children safe within their families and communities is the aim. Child welfare finance reform at the national level is needed.

**Workforce** – The Redesign seeks to develop and sustain a high-capacity, competent and satisfied child welfare workforce who is prepared to fulfill the essential functions of the redesigned child welfare system. For the purposes of the Redesign, workforce is defined by a broad array of players that must come together to ensure the protection, permanence and well-being of children and families. This includes, CWS at the county and state level along with its partners in policy and practice, such as foster parents, community agencies, other public systems, the court and other service providers. The implementation guidance for workforce development considers not only the knowledge and skills needed by all segments of the workforce,

but also what environment and system changes are necessary to support workforce excellence in the Redesign.

**Partnerships** – No single organization can design and deliver services in isolation from the larger community in which families raise their children. Reaching out to the community and forming partnerships with individuals and organizations that can help deliver effective resources and opportunities to families over the long-term is the key to sustainable results. The implementation plan supports the development of partnerships at the state, local and neighborhood levels to create and sustain systems of prevention and intervention that protect, stabilize and support the well-being of California's children and families.

**Leadership** – Effective leadership at all levels of the system is critical to implementation of the Redesign. Bringing successful innovations and desired change to scale statewide cannot be mired in bureaucracy. More important than uniformity of method and means, is a willingness to maintain a growing edge, share resources, reward innovation and continually learn from each other to achieve the best outcomes possible for children and families. The implementation plan relies on proactive, collaborative and accountable leaders who are empowered at the state, local and neighborhood levels to build community and organizational capacity, shift the organizational culture, stay accountable to results and advocate for launching the Redesign and sustaining it over time.

### **Bringing the Blueprint to Life**

In the following chapters you'll see this blueprint "come to life" in how the key objectives of the Redesign become integrated within the context of the environment in which CWS operates to protect children and strengthen families.

With the destination selected and the road maps charted, the time for moving forward has begun. Implementation of the Redesign represents a systemic change lead by Child Welfare Services, but grounded in the fabric of the community. Critical to our success are people at the state, county, community and neighborhood levels joining together in a comprehensive effort to ensure every child in California will live in a safe, stable, permanent home, nurtured by healthy families and strong communities. The Redesign is long-term in its commitment and the time to act is now—incrementally and inclusively to ensure the roots of transformation run deep to continually renew and maintain our commitment to positive outcomes for all children and families across California.

# THE CWS REDESIGN OBJECTIVES

## OBJECTIVE ONE:

Partner to **PREVENT** Child Abuse and Neglect: Building a Prevention System

## OBJECTIVE TWO:

Act Early to **PRESERVE** and Strengthen Families: Early Intervention/New Intake Structure

## OBJECTIVE THREE:

Broaden Efforts to **RESTORE** Family Capacity

## OBJECTIVE FOUR:

Strengthen Alternatives to **REBUILD** Permanent Families for Children

## OBJECTIVE FIVE:

Systematically **PREPARE** Youth for Success in Adulthood

## OBJECTIVE SIX:

**AFFECT CHANGE** through Workforce Excellence

## OBJECTIVE SEVEN:

**STRENGTHEN** Interagency Partnerships at The State and Local Levels

## OBJECTIVE EIGHT:

**EXPAND** and **RESTRUCTURE** Child Welfare Financing

## OBJECTIVE NINE:

**ACHIEVE** Better Outcomes through Accountability



# THE CWS REDESIGN OBJECTIVES

## **OBJECTIVE ONE: PARTNER TO PREVENT CHILD ABUSE AND NEGLECT: BUILDING A PREVENTION SYSTEM**

Child Welfare Services Redesign places a priority on preventing child maltreatment before it occurs. Integrating prevention throughout the CWS service continuum and a community network of resources is an idea whose time has come. This core concept in California's Redesign effort is forward thinking and balanced with the common sense of striving to avert tragedy before it occurs, in human, social, and economic terms. The CWS Redesign has emphasized that partnerships at state, local and neighborhood levels are a critical advance in child maltreatment prevention. This is especially true given that the causes of child maltreatment are many, that families at risk of future maltreatment encounter other service systems (such as health care and education), and that the aims of maltreatment prevention often converge with the aims of other service systems.

*"All forces are not so powerful as  
an idea whose time has come.*

*-- Victor Hugo*

The CWS Redesign focuses child welfare services away from substantiation of an allegation and onto child safety and family engagement. Safety is the core issue in child welfare systems reform. To emphasize the shared responsibility that a community has for child protection, the CWS system is shifting to a more proactive, family supportive and community-involved approach. Therefore, the practice of prevention is woven into all aspects of the CWS Redesign to build a proactive system that seeks to strengthen families and communities and to mitigate the circumstances leading to child maltreatment.

Prevention involves all sectors of the community in child safety and family well-being. This requires formal public-private partnerships at the federal, state, and local levels to develop and integrate resources and opportunities, stronger state and county interdepartmental partnerships, sufficient community capacity, flexible funding systems and proven prevention practices. The Redesign's prevention objective-- to build a prevention system through partnerships to prevent child abuse and neglect and to preserve and strengthen families-- is based on the following vision:

*Every community will have a broadly-based prevention partnership  
for families and children that will encompass child protection, child  
development, and family support.*

Changing the system of prevention in California is intended to:

- Generate momentum to develop proactive responses to the changing circumstances and needs of families in California. Such responses include providing services for vulnerable families who are not currently identified as needing formal CWS intervention, but who may at some later point become involved in the system.
- Develop viable public/private partnerships in each community in order to increase the capacity to respond to the needs of all families and encourage the allocation of community resources available for such efforts.
- Expand the prevention of child abuse and neglect as a shared responsibility among all citizens and across all systems that encounter children and families.
- Establish capacity within state, county, local and/or neighborhood partnerships to provide an integrated, equitable continuum of resources and opportunities that result in better outcomes for children and their families.
- Ensure all families equal access to information, quality services and supports to promote optimal child development and to keep their children safe.
- Prepare CWS staff and its public and private partners to apply family support principles in all aspects of their work.
- Create sustainable flexible funding streams that secure stable funding for a proactive prevention system.

### Key Shifts from the Present System

The Current System . . .	The Redesigned System . . .
Makes child protection the sole responsibility of Child Welfare Services	Relies on partnerships between the community and Child Welfare Services to ensure child protection and successful outcomes
Treats prevention as a stand alone project or activity that is not coordinated nor adequately funded	Integrates prevention throughout the CWS system and community into all aspects of services and supports, and coordinates prevention strategies at the state, county and community levels



The Current System . . . (cont.)	The Redesigned System . . . (cont.)
Utilizes an adversarial approach that creates mistrust and avoidance	Engages the participation of vulnerable families and children currently not receiving change oriented services
Provides the majority of services to “substantiated” cases of abuse and neglect without an array of options or the availability of flexibility	Provides a “Differential Response” strategy that allows for a response that is individualized to meet the unique needs, resources and circumstances of the family

“The Current System” refers to child welfare services as a whole. Some California counties have already made changes consistent with the Redesign.

### Building Community to Prevent Child Abuse and Neglect

Changing the system of prevention in California involves three new approaches. First, build on existing partnerships or establish new **prevention and intervention partnerships** at the state, county and neighborhood levels. Second, develop community capacity for a **comprehensive network of resources and opportunities** to support the needs of children and their families all along the child welfare continuum. Third, use effective, evidence-based **prevention practices** within all stages of the integrated continuum of care for families.

#### *Partnerships for Prevention and Intervention*

The Redesign promotes a vision of child welfare as a community-wide responsibility, grounded in the principles of family support and accountable to achieve outcomes related to safety, permanency and well-being for children and families. Partnerships are an ideal forum to reinforce a number of shifts in thinking about child abuse prevention and child protection. One of the most significant shifts is that the redesigned system relies on partnerships between the community and Child Welfare Services to share responsibility and accountability for child safety and successful outcomes.

CWS will no longer carry out its child protection duties as activities separate from the overall health and safety of the entire community, and communities will no longer rely on CWS as the sole entity that protects children from abuse and neglect. Rather, child safety becomes a shared responsibility of an interconnected system

of resources and opportunities. Partners will work together to:

- improve advocacy efforts that expand the political will and community supports for a greater number of families in California, and help engender the shared responsibility within the prevention agenda in order to grow the resources available for such efforts at the state and local government levels;
- address and alleviate the causes of abuse and neglect by working toward outcomes consistent with the Redesign strategy which incorporates the Program Improvement Plan and the child welfare outcomes and accountability system;
- provide integrated services and interventions that address child endangerment, family disruption and restoration, and youth development; and
- assess community assets, determine resource gaps and identify opportunities to improve capacity, access and delivery of services.

Effective partnerships establish and maintain a strong, integrated, formal governance structure at the state level and in each county and neighborhood that are committed to prevention as a priority. A formalized governance structure creates the capacity for the public and private partners in a prevention system to align their prevention goals. As an active partner in the development and support of partnerships, CWS has the opportunity to provide leadership to promote family-centered, strengths-based practices, resources and policies that drive an integrated prevention system.

Strong and committed leaders are critical to success. Trust between partners, predicated on broad inclusion and meaningful engagement, is imperative. Partners share a common mission and rely upon principles of inclusive governance. Each is supported by other partners; all share accountability. Successful partnerships build a strong and increasingly broad base of stakeholders who are willing to commit time, leadership and resources to the goal of a redesigned prevention system.

### State Level Partnerships

The State level partnership ensures that planning, funding and policy are aligned across departments and promotes shared responsibility for the welfare of children and families. This State level partnership provides synergy and oversight to facilitate full county implementation of a redesigned Child Welfare system that benefits local communities and the children and families we serve in common.

Collaborative planning between the Departments of Health, Mental Health, Social Services, Education, Alcohol and Other Drugs, Criminal Justice, Housing and Employment Development among others will address the barriers that prevent sharing of information and leveraging of funds between systems and will produce creative

approaches to preventing and addressing the array of social problems that families face, leading the way for parallel collaborations within counties.

### County Level Partnerships

County partnerships are intended to develop an integrated system of resources and opportunities that sustain community-wide commitment to child safety and family well-being. An integrated approach to partnerships will:

- engage a broad spectrum of key stakeholders in strategic and program planning across service systems and community supports,
- increase service capacity, accessibility and delivery,
- encourage proactive advocacy and public education,
- mobilize leadership and public will, and
- provide opportunities for residents and CWS consumers to participate in prevention planning, implementation and evaluation.

### Neighborhood Level Partnerships

Neighborhood partnerships are intended to engage residents and families in local organizations. Neighborhood partnerships hold great potential for reducing social isolation, creating safe communities, assisting families to access formal and informal supports, and serving as constituencies to expand the political will to grow prevention policies, funding and activities. Some of those activities are to:

- secure lasting public support for prevention efforts through proactive advocacy,
- provide a community voice in state and county level partnerships,
- engage actively in local decision making,
- make supportive services for families a community priority,
- map community assets and resources to identify and fill gaps, and
- develop a community culture that provides support to individuals and families (e.g., peer-to-peer support groups and the Family to Family model).

### ***Comprehensive Network of Resources and Opportunities***

An essential component of the Redesign is to create a comprehensive community network of resources and opportunities that strengthens families and protects children better than any single system can accomplish alone. To develop the community capacity to respond to children and families within the differential response system, public and private partners must fully engage collaborative planning, funding, operation and evaluation. Such efforts focus on family well being and mitigating circumstances that lead to child abuse and neglect. Examples include preventable

health conditions (e.g., low birthweight, infant mortality, newborn addictions), treatable conditions (e.g., mental health, domestic violence, alcohol or other drugs), economic self-sufficiency, social isolation, housing, and parental/caregiver skill and knowledge in child rearing.

The community network of resources and opportunities is envisioned as broad-based and has the capacity to offer families meaningful opportunities to contribute to their community, concrete resources (food, shelter, job opportunities), social supports (home visiting, household supports, family support programs) and intervention services (substance abuse treatment, counseling for mental health or domestic violence).

Building capacity includes increasing collaboration and coordination within county units to strategically utilize available resources. Networks are formed through a process of community engagement that ensures resources and opportunities are aligned with the needs and cultural values of families whose children are at risk of abuse and neglect. An effective network needs to be responsive to the cultural and language needs and work schedules of the families it supports.

### ***Building on Best Practices in Prevention***

The overriding goal of prevention within the CWS Redesign is to ensure that families receive the support, services and opportunities they need to keep their children safe, to prevent abuse and neglect, and to promote child development, responsible parenting, and child and family well-being.

#### ***Family Support Approach***

Building on best practices in prevention involves utilizing a Family Support Approach which focuses on helping parents identify and develop their strengths, engages the entire family, and provides opportunities for the family to participate in personal, program, and community improvement. The Premises and Principles of Family Support, published in the CWS Redesign Conceptual Framework (May, 2002), are fully discussed in “Guidelines for Family Support Practice”, available from Family Support America. The Guidelines articulate quality practices in the field of family support. A brief list of “Family Support Principles” is provided in the Glossary.

The CWS Redesign recognizes that prevention is not a box of services at the front end of the child welfare system, but a dynamic, flexible system of supports easily accessible to families whenever they need them. There are four critical points in the continuum when systems encounter families where a prevention focus can lead to more positive outcomes for children and families:

- Prior to Entry into CWS
- At Entry into CWS

- During Case Planning and Service Delivery for Ongoing Cases
- At Case Closure

### Prior to Entry into CWS

Outreach and screening needs to occur outside the formal CWS agency within the broader community (via hospitals, primary care medical professionals, early childhood programs, schools, non-profit/community based organizations, etc.) especially with populations at risk of entering or re-entering the formal CWS system. The goal is to engage and support at-risk families early, promoting family well-being and child safety rather than waiting until there is a crisis situation.

For example:

*Several counties have developed partnerships to offer home visiting and family support to first time parents of newborns. In Contra Costa County, all first time parents in selected hospitals are offered up to three years of support. In Sacramento County, a network of nearly a dozen family support programs and a public health nurse home visiting program reach out to all first time parents in their communities. The goal of both programs is to provide supports that new parents need, to reduce child maltreatment, and to anchor families in a community support network.*

### At Entry into CWS

Historically, prevention needs are most commonly identified at the point of entry into the formal CWS system. Once safety is assured, the goal of family-centered practice is to support families whenever possible through the informal and formal network of community services and supports with which they may already be connected or can easily access.

### During Case Planning and Service Delivery for Ongoing Cases

Maintaining a family support approach and prevention focus throughout the time a family is involved with CWS can be accomplished through coordinated case planning to ensure that needed supports are made available. This can be reinforced by providing practice and procedural guidelines for prevention-focused intervention with families. Topics such as assessment of family strengths and prevention needs, connecting families with appropriate family support resources, team development and communication, coordinated service plan development and ensuring that all team members, including families, know how to access resources on an ongoing basis are important to address.

For example:

- Alameda County has developed a program called “Alternative Road to Safety” where a community-based organization responds to the needs of families who have been reported for abuse or neglect, but where the CWS agency has determined that there are no immediate safety concerns for the child.
- Several CalWORKs / CWS Partnership Project grantee counties have developed screening mechanisms to identify CalWORKs clients with previous child welfare involvement. Stanislaus County has developed a Coordinated Case Screening Tool that is used during intake or at the point of assessment of CWS clients to identify and prioritize needs.
- Westchester County, New York has developed the Westchester Community Network. As part of a multi-year federal Children’s System of Care grant, the county developed and still sustains a comprehensive community network. The network uses county and community-based planning councils, wraparound funds, community networks that provide individualized family case conferencing, family resource centers, a parent support organization that participates in county planning and evaluation efforts, interagency case management, and cross-systems training. Together, these program components support strengths-based case planning and service delivery, and ensure that the work is done at the community or neighborhood level.
- Master County Contracts assist partnerships to coordinate service delivery. With a streamlined contracting process, county workers from different county departments and community-based organizations improve service coordination with common clients and have more flexibility in how they organize and fund resources families may need. Master County Contracts create administrative efficiencies, a common set of rules for all participants and reduce the total amount of paperwork needed for accountability. They also set the stage for a single plan for a family that may be involved with several agencies. For example, Mendocino County, California previously had two different contracts with their Alcohol and Other Drug Prevention services (AODP) for CalWORKs and CWS clients. They now have one contract with AODP to provide services to clients from either program. Through consolidation of the administrative processes for both organizations, the contractor can better understand and treat a broader range of families’ needs.



### At Case Closure

Families need prevention services to prevent their entry into the formal CWS system. However, if they have come into this system, they also need sufficient support once they leave the system. The resources and opportunities of a community-based prevention network offers support to families when children are returned to their birth parents or relatives after leaving more restrictive care settings (e.g., treatment foster care, residential treatment, group homes).

*The State has funded the Kinship Support Service Network that provides prevention services to relatives caring for children who would otherwise be placed in foster care. At the county level, these programs may be part of a larger family support program offering an array of resources easily accessible to families and supported with local and private funds.*

The current budget crisis has placed kinship programs in some counties at risk, a reminder that at the systems level, the cost benefit of services that prevent re-entry into the foster care system may not always be routinely examined, due in part to lack of available or coordinated data.

### **How will we get there?**

#### ***Provide technical assistance.***

Partnerships are dynamic entities, each with its own character and behaviors. To enhance the development and ongoing activities of partnerships, technical assistance is critical to their success. The prevention partnership envisioned here has shared responsibility for child safety and well-being as its ultimate goal. Taking this responsibility to the community level will mean a new set of relationships for CWS and its public and private partners. Community engagement assumes local commitment and local leadership, which in turn will create new dynamics for the emerging partnership.

#### ***Employ dedicated, sustained flexible funding strategies to support a comprehensive range of prevention strategies.***

In a time of strained budgets, the capacity to obtain and leverage federal revenue and to reinvest foster care savings creates opportunities to build sustainable funding for prevention activities. In addition, the use of State waivers could be used to create potential for greater flexibility to develop a comprehensive integrated network of resources and opportunities.

The support of the State level partnership will be critical in developing and sustaining funding for an integrated community network of resources and opportunities at

the local level. An all-funds inventory that identifies public funds from various departments and matches their purposes to the goals of the CWS Redesign is an important first step in building community capacity.

### Anticipated Results

With a new emphasis on prevention, the Stakeholders' aim is to reduce the number of CWS referrals by changing how the community responds to families *before* they are brought to the attention of CWS. Another goal is to create and sustain each community's capacity comprised of comprehensive integrated resources, supports and opportunities. Finally, it aims to better prepare families for success once they exit the system and to make ongoing support that can prevent abuse and neglect part of the community fabric.

#### *Another perspective:*

*The use of coaches or facilitators in lieu of more traditional forms of technical assistance is being utilized in some instances. One of the premises behind the use of a coach or facilitator is that the current forms of technical assistance may not be as effective in initiatives where capacity building is the primary goal. A recent article on this methodology discusses the technical assistance needed for capacity development – (1) building the capacity of participants to undertake the challenges of comprehensive service delivery and community-building (2) generating investment by all the stakeholders in the partnership and (3) supporting a learning process that promotes new knowledge to help the partnerships become more effective.*

*The Spring/Summer 2000 issue of Community describes the coach or facilitator concept and lays out four primary dimensions of the role: a) carrying the vision of the initiative, b) fostering learning communities, c) facilitating productive dialogue and interaction between members of a partnership, and d) developing capacity. As these are all essential and potentially problematic functions of the partnership, the idea of a coach seems a logical fit.*

*Community: A Journal of Community Building for Community Leaders; United Way of America, Spring/Summer 2000, p. 20*



## **OBJECTIVE TWO: ACT EARLY TO PRESERVE AND STRENGTHEN FAMILIES: EARLY INTERVENTION/NEW INTAKE STRUCTURE**

### **What is the Objective and What Will Happen as a Result?**

Preserving families means keeping them together, intact, and preventing disruption. It sometimes requires intervention by CWS and Community Partners to strengthen and support families so they can function effectively on their own.

Through a new intake structure, families will be engaged in voluntary services so that what is needed to support them and enhance their ability to keep their children safe and nurtured will be available when it is needed. Rather than risk alienating families by using a one-size-fits-all criminal investigative model, a non-adversarial approach will be used whenever possible and reasonable. The new intake structure will provide greater flexibility with more customized options.



The link between prevention and permanency is preserving families, or *keeping families together*, so that children are safely nurtured and developed in their **own** families. Prevention efforts are geared primarily toward families before they come to the attention of CWS, and permanency efforts typically are applied after the family has entered CWS for services, therefore preserving families is the primary means of preventing further entry into the system while creating permanency in one's own family.

Preserving and strengthening families requires that CWS and community partners act early—as soon as the family comes to the attention of CWS—and also requires customized responses so that families can get what they need when they need it. The system of customized, or multi-tiered responses proposed by the CWS Stakeholders is known in child welfare services as “Differential Response,” and involves a new intake structure.

*Differential response* is a strategy that creates a new intake structure and allows a child welfare agency to respond in a more flexible manner (with three response paths rather than one) to referrals of child abuse or neglect based on the perceived safety and risk presented, as well as to the needs, resources and circumstances of the family.

Differential Response is a fundamental component of Redesign. It is not only a concrete change from current practices, but it also embodies many of the other components of Redesign. The new intake structure, differential response:

- Depends on the existence of community partnerships;
- Gives form to one of the key assumptions from the first year of the Stakeholders process – that is, we must deal with families identified to CWS less adversarially, engaging them in the necessary change processes;
- Addresses the commitment to early intervention, assuming most situations referred to CWS represent legitimate concerns of the community about its children;
- Also depends on the presence of a network of community based services that will be tapped to address the needs of vulnerable children and families, including creating networks where they do not exist, such as in rural areas;
- Will require maximizing collaboration, use of existing funds more flexibly and, ultimately, to achieve its full promise, additional funding.
- At the social work practice and community services level, requires:
  - Ability to determine appropriate response path, customizing the response to what each separate referral entails and what different families bring to the situation within the three response paths;
  - more careful assessments of safety, risk and protective capacity;
  - that the case planning process is focused on the changes needed to assure the ongoing protection of children;
- At the policy level differential response requires:
  - description of ***shared decision-making***;
  - ***reciprocal requirements*** on partners;
  - determination of how ***accountability is shared***.

## Recommendations for Achieving this Objective

**Make child protection and building strong families a shared community responsibility.** The new intake structure (differential response) depends on a key Stakeholder assumption – that the community as a whole has a role to play in the protection of its children and will be collectively responsible for achieving the outcomes of safety, permanence, child well being and family well being.

Partnerships will form the basis of the majority of responses designed to preserve and strengthen families and to implement the purposes of Differential Response. Although many counties have established or are initiating aspects of early intervention and Differential Response, the more standard approach has been for the child welfare

agency to contract with local service providers only to assist in the implementation of a court ordered case plan. The agencies then provide some information for court reports and sometimes individual employees will testify at a hearing.

Under the Redesign, involvement by partner agencies and other resource entities in the community may commence during the initial intake assessment period and throughout a process to assist a family, regardless of the nature of the service level. Responsibilities and tasks will be set forth within general guidelines, but each case will be evaluated and served based on the family's situation.

**Empower child welfare staff to offer change oriented services based on family need and level of risk, rather than waiting for proof that maltreatment has occurred.** Within differential response parents and their support systems will be encouraged to be very active in making decisions about the services they need to ensure the protection of the children. They need to be identified from the outset and encouraged to take part in the process.

CWS will work in partnership with their communities to share in the provision of services and supports needed as well as to share in the work of engaging parents, in decision-making about the development of case plans, the delivery of services, the ongoing monitoring of the safety of children, and in the assessment of change.

A very important fundamental focus is that accountability will be based on identifying and tracking changes needed in individual families in order to assure the safety, permanence, and well-being of children and family members. All involved in serving families, including parents and community agencies, will become much more accustomed to identifying the necessary changes, tracking progress, and keeping the ultimate outcomes in mind. This will replace a current emphasis on simply participating in services, or each provider serving the child and family without regard to the overall changes needed or the outcomes that undergird the intervention process as a whole.

The issue of how to effectively engage families is a central question that is throughout the CWS system, and is a critical component of differential response. It is unlikely that CWS would ever develop a standardized practice plan for engaging families, given the complexity and diversity of clients and California counties. However, some specification of CWS worker responsibilities, necessary competencies, procedures, and process and interaction strategies might improve a social worker's ability to facilitate change and better manage *ongoing* intervention with children and families. Key components of an ongoing plan to resolve safety concerns and address the change process might include:

- Understanding the stages, processes, and levels of change which apply to ongoing intervention with CWS client/families

- Mobilizing and motivating CWS clients in order to support changes associated with an ongoing safety plan
- Developing an orientation to CWS families focused on resilience, strengths, possibilities, and empowerment
- Increased attention to client values and expectations as well as ethnic and cultural diversity when developing and delivering CWS services
- Re-establishing a client's self-determination and reclaiming of personal choice so that CWS workers are not placing themselves in opposition to a client/family's goals

**Establish a statewide safety approach to evaluate and manage child safety. Ensure that the approach is universally and consistently applied to all families brought to the attention of child welfare services.**

This approach brings statewide uniformity to child welfare decision-making and enables a determination of response paths. During the Stakeholders third year effort, a workgroup facilitated by a group of child welfare experts with experience contributing to several states' reform efforts developed the *Standardized Approach to the Assessment of Safety, Risk and Parental Protective Capacity*. Key principles upon which the standardized approach is based are as follows:

*An Approach not a Model* - Recognizing the varied assessment environments in the counties, the focus is on an *approach* to assessment rather than to mandate a specific *model* with prescribed tools. The implications are that different decision-making tools may be used in different counties, but that the overall approach to assessment should be standardized. There should be a standardized set of elements or factors that impact safety, risk, and protective capacity that should be assessed in making key decisions on cases.

*Supporting not automating caseworker judgments* –The identification of specific *elements* relevant to the assessment of safety, risk, protective capacity and their organization into meaningful *constructs* allows workers to understand the whole as well as the component parts of assessment. Experience tells us that some staff will focus on the *constructs* and others will focus on the specific *elements*. Staff may also *zoom in* and *zoom out* between elements and constructs as they become more familiar with applying them to assessments in decision-making. Both are important as guides to judgments.

*Tying Assessment Approach to Key Decisions* - A clear conceptual framework for assessment had to be accompanied by *guidelines* as to how to apply the *approach* to key decisions. The Workgroup identified a set of child welfare decisions that should be subject to the standardized approach and *guidelines* were developed

for each of these decisions. The guidelines identified what is being decided, what elements of safety, risk and protective capacity are relevant to each decision, what is the judgment process and what practice guidelines can be offered.

*Importance of Standardization for Fairness and Equity* – One of the basic principles of Redesign has been the importance of considerations of fairness and equity in making decisions on CWS cases. The application of a standardized approach to the assessment of safety, risk, and protective capacity is a *necessary* albeit not *sufficient* step toward that end. Having a clear framework and a set of guidelines applied to separate decisions contributes to more equitable judgments.

*Implementation requires more than the Approach and Guidelines* – The implementation of the standardized approach to assessment is clearly dependent on *administrators* who understand and support careful decision-making at all points on the child welfare continuum, *staff* who are well-trained and have the necessary time for each case, and *supervisors* who are able to guide the application of assessment to decisions. Moreover, having the necessary *service resources* in communities to act on the decisions is essential along with the appropriate policy environment to support the standardized approach.

Please refer to the CDSS website at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov) or the appendix section (published under separate cover) for full detail of the Standardized Approach to the Assessment of Safety, Risk and Protective Capacity.

**Intervene early with vulnerable populations using a comprehensive system of services and supports in partnership with community resources.**

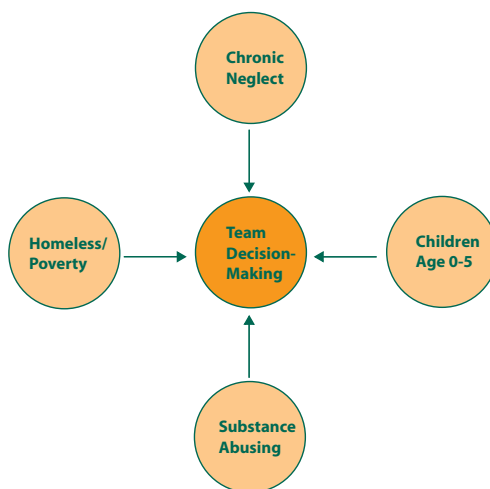
Teams will be a key component in Differential Response, and will be used to target and serve the key vulnerable populations of: chronic neglect, substance abuse, children ages 0-5 and homeless. These populations have been prioritized to receive an immediate response, or when more appropriate a five day response, in contrast to the current ten day response.. Figure illustrates the proposed team response to these vulnerable populations.

- Homeless/poverty
- Substance abusing parent or custodian
- Chronic neglect
- Under five years of age

If a referral involves any of these four groupings, special consideration should be given in order to reduce the risks to children of immediate and long-term developmental harm. Some parents identified as indicated in need of services will *not* have the option of refusing to engage in change oriented services. Voluntary engagement will be the preferred mode of work with parents, but these populations are assumed to present special requirements for intervention.

Historically, CWS has dealt primarily with child maltreatment, or the risk of child maltreatment. The problems associated with child maltreatment can be complex. Not only can abused or neglected children exhibit serious emotional and developmental impairments, their parents may also struggle with alcohol and drug dependencies, poverty, psychological disorders, attachment difficulties, and deficiencies in parenting skills and knowledge. These situations are often so complex that no single profession or discipline should carry the responsibility of assessing a family's full needs and developing a service plan to address them.

**Figure 4: Connecting Vulnerable Populations to Teams**



Most CWS referrals would benefit from a team approach to assessment, fact-finding, and intervention. Studies show that in the most serious cases of child maltreatment, sound clinical and prosecutorial outcomes are optimized when they are the result of comprehensive, up-front assessments of families, quality forensic interviewing techniques, and limitations in the number of child witness interviews.

Multidisciplinary teams can be convened to assess a variety of issues including: the child and family's overall treatment needs, medical evaluation, the extent of child and family trauma, and the family's ability to participate in voluntary support services.

The implications of placement decisions (when necessary) are so critical to the child that no one individual should have absolute discretion in this area. Teams can pool the collective wisdom and experience of their members and make sound judgments about children and families. This change represents a fundamental shift—from CWS and the Courts to shared responsibility with families and community partners. Additional detail on implementation of a multidisciplinary team approach in serving vulnerable populations follows.

## Key Shifts from Present System

### ***New Intake Structure—Differential Response***

This component is fundamental to the Redesign. It provides for a flexible, customized approach within identified response paths to reports of child abuse or neglect based on an assessment of safety and risk, and the ascertainment of facts to determine



the strengths and needs of the child and his or her family. Redesign calls for three response paths:

- Community Response
- CWS Response
- CWS High Risk Response

Differential Response involves more than the choice of a response path. It also focuses on *engaging* families both to recognize behaviors that put or keep their children at risk and to change those behaviors through the assistance of supports and services. The focus of the response will not be primarily on the *investigation of allegations*, but more on the *assessment of safety, risk, and protective capacity*. The assessment will lead to the identification of both needs and strengths. CWS and/or the community will use this information to engage the family in developing a plan for change-oriented services (see Glossary). The expectation is that a larger proportion of referrals will actually be opened for services and more services will be delivered to the child and family without involving out-of-home placement. When placement is necessary, decisions regarding reunification or alternative permanency arrangements will be made more quickly and parents and extended family members will participate actively in those decisions.

### ***Systematic Way to Refer Families to Three Response Paths***

There must be a systematic way to refer cases from CWS Intake Assessment to one of the three response paths:

***Community Response:*** This path assumes there will be no further involvement of CWS in the case unless the circumstances prove to be different than what was known at intake, or there is a change in circumstance. This path is selected when child maltreatment is not a concern, the child is deemed to be safe, and there are either no or low risks of harm to the child. However, it is clear the family is experiencing problems or stressors, which could be addressed by community services. In the current system, these referrals may or may not receive a referral to a community agency and no measures are taken to assure that referral connections have been made. Someone in the community is concerned enough to bring it to the attention of the child welfare agency, and the referral merits a response and assessment.

***CWS Response:*** This path is for families with low to moderate risk of abuse and neglect; safety factors may not be immediately manifested in all cases, but risk is present. The focus is primarily on voluntary involvement in services through the engagement of families, but in the interests of protecting the children there is the ability for non-voluntary involvement through the authority of CWS or, if necessary, the courts.

***CWS-High Risk Response:*** This path always involves the likelihood that the children are unsafe, risk is moderate to high for continued child abuse/neglect and actions have to be taken with or without the family's agreement to protect the child. Criminal charges may also be filed against the adults causing the harm. Efforts will still be made to engage the family, especially non-offending parents or other protective adults, in order to preserve the connections of the child to family members.

The new intake structure includes the organization of the three response paths for *Differential Response*; Child and Family Support Assessment (CAFSA) and addressing the methods of referring a case to the Community Response and the responsibilities of each community response agency. It also includes the need for an enhanced hotline or intake function.

### ***A Multi-tiered Response***

The shift is away from a “one-size-fits-all” approach toward a more flexible, differentiated response that meets the specific needs of each family for whom a concern about abuse or neglect has been expressed. While the overriding goal remains child safety, changing the CWS intake and response process is intended to:

- Engage vulnerable families in their own development before problems escalate to more costly and challenging levels.
- Allow for differential, flexible responses based on comprehensive assessment of family circumstances, child safety and risk of future harm to the child. Recourse through the legal system is reserved for cases where the assessment findings justify the need for court involvement to ensure protection, permanence and well-being for the child and family.
- Deliver quality assessment and supportive services to referred families early in their contact with the system.
- Utilize formal and informal community partner resources to strengthen the ability of families to protect and nurture their children.

### ***Less Adversarial***

“Substantiation of the allegations” will no longer be the focus of casework.

Depending on the criteria of “**substantiation**” for opening a case has not only greatly limited the number of vulnerable children and families who receive needed services as a result of being reported to CWS, but, more importantly, has perpetuated a focus on “investigating allegations” and amassing proof, rather than engaging families in a change process to increase the capacity of parents to safely raise their own children. The current focus on “not opening a case in CWS unless we can file on it” fosters an



unnecessarily adversarial relationship with families, limits the capacity for early intervention when family problems might be more amenable to solutions, focuses on the removal of children as the main way to keep them safe, and unnecessarily involves many families in court proceedings.

The implementation of *differential response* will mean that the current focus on the *substantiation of allegations* will be replaced by a focus on **ascertaining facts related to safety, risk, and protective capacity**. Although this change will not diminish the commitment of CPS to protect children, it does represent an important shift away from a frequently adversarial investigative process and toward a more comprehensive assessment. This will lead to a fuller understanding of what is present in the family that is placing the child at risk, as well as to possibly a greater potential to engage the family in resolving the underlying issues.

The major components of this change include:

- The allegations will not be the sole focus at the initial face to face meeting with the family
- Although facts will be ascertained related to the presence of abuse/neglect, there will also be an assessment of safety, risk, strengths and needs;
- There will be an evaluation of the current and potential impact on the child of what is occurring;
- A decision about substantiation is not considered essential; further actions will be driven by the facts ascertained and the level of safety, risk, and protective capacity present;
- The key decisions to be made are whether there is a need for a safety plan, and whether services are needed to protect the child and strengthen the family;
- Efforts will be made to engage the family to participate in the decisions and actions needed to resolve the concerns.
- Assessment will precede any removal of the child unless the danger to the child is so extreme that protection concerns must be addressed first.

*The shift away from the use of “substantiation of the allegation” in the Redesign will allow social workers the opportunity to focus on social work. Necessary facts will be ascertained to support interventions, but the focus will be on engaging families in the changes they need to make in order to keep their children safe over the long term. It is these changes that will ultimately protect their children.*

*What is indicated is the presence of sufficient concerns related to safety and risk to warrant the provision of services to the child and family.*

The *findings* of an initial face-to-face assessment will be documented in the case record and entered into the CWS/CMS statewide information system. If the case

remains open for services, it will be automatically considered *indicated* for federal reporting purposes.

Caseworkers filing a petition would use the facts ascertained during the assessment. When caseworkers have to go to court and file a petition to order necessary services or to involve the court in decisions about removal of children from their homes, the basis for their presentations will be the facts that have been ascertained, the assessment of safety, risk, and protective capacity, their efforts to engage the parents in change-oriented services, and the necessary steps that have to be taken to assure immediate safety for the children. Making a decision about substantiation of allegations is not essential to that process; it gets in the way of efforts to understand what can and should be done within the family to protect children.

#### **Child Abuse Registry**

*Redesign remains committed to the value of the Child Abuse Central Index (CACI). However, the recommendation is that there not be an automatic entry into the central registry based on the findings. Rather, there should be a separate decision on a case-to-case basis as to whether a CACI report is required. This decision will be driven by statewide criteria and supported by a county child welfare team review process. The construction and uses of the CACI are currently under review by a statutorily formed committee with recommendations to be forthcoming in 2004*

**Building More Effective Relationships Between Families and Workers.** One important less adversarial approach to meeting this challenge is that of family-centered practice which is based on respect for the integrity and strengths of families and on the belief that individuals can find solutions to their own problems through relationships with engaged and committed service providers.

The family-centered approach is maintained even when a child is placed outside the home. Since placement is viewed as part of an overall plan, not the end in itself, efforts to help families are maintained during placements to facilitate reunification. Alternative permanent plans are implemented only when it has been demonstrated that safe reunification is not possible. To implement a family-centered approach, CWS must support casework practice that promotes:

- Stability and continuity in child and family relationships that enhance their growth and functioning
- Systematic case planning activities with established time frames
- Collaboration among agencies, communities, and parents throughout the casework process

Family-centered practice is a critical ingredient in the delivery of family services and support programs in the child welfare system and in the development of systems of care for children with severe psychological disorders in the public mental health system. Underlying family-centered practice is the focus on family strengths rather than deficits. In child protective and child welfare services, strengths-based practice promotes use of the family's coping and adaptive patterns, their natural support networks and other available resources.

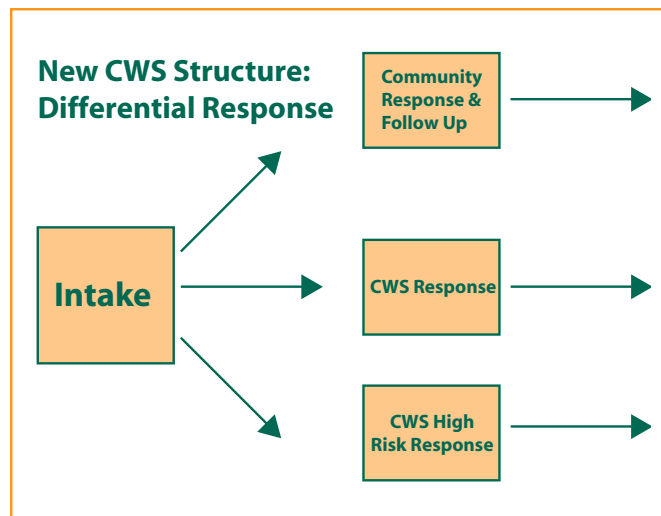
## Building on Best Practices

Figure 5 at the end of this section summarizes the key CWS decision points, practice changes, and decision options that are described in detail.

### ***FLOW Through the Redesigned System***

#### ***Entry into CWS – A Call to CWS Has Been Made***

The target population for differential response includes all those children and families referred to the presently termed “hotline,” which for Redesign purposes will be titled “Initial Assessment”. Rather than responding to these referrals with an “investigation” aimed at uncovering whether the “incident” reported is “true” and who is “responsible”, differential response assumes that most families can benefit from being engaged in change-oriented services rather than being approached in an adversarial, investigatory mode.



Referrals will continue to be made to the child abuse hotline in each county. The process of making referrals to the Initial Assessment staff from the community will be similar to the current procedure. As is the case currently, some referrals do not really constitute a report of concern about the abuse or neglect of a child. These referrals will continue to be screened out. For the remainder of the referrals, however, Initial Assessment will focus more on “screening in” families rather than “screening out” referrals.

The focus of the hotline conversation is broadened to learn more about the immediate safety issues for the child as well as obtain some background information about the parents through collateral contacts. Redesign assumes that all legitimate concerns could receive the attention of some segment of the community partnership.

Under the present system, community partners play no role in the *initial intake assessment process*. However, under Redesign, the CWS worker receiving the initial report may bring in partners to expand the scope of the assessment. Partners may be called upon to assist in the first contacts with family members or collaterals by phone or in person.

In a change to current practices in most counties, when concerns are made known that result in a face-to-face meeting with family members and other persons with information about the child, rather than CWS serving as the only source of personnel for the face to face encounters, under redesign, all or a portion of the tasks may be delegated. Community partners may be requested to assume primary responsibility or the assessment may be shared between CWS and partners such as law enforcement, Alcohol and Other Drug partners, Domestic Violence, and Mental Health. Responsibility will not be delegated when immediate safety considerations for the child exist, and a comprehensive assessment of risk to the child is paramount. Even in these cases, however, CWS will often partner with other community agencies.

In summary, the major functions at intake/hotline are to:

- gather information from the reporter and any available collateral information
- identify immediate safety issues
- decide whether the referral concerns the presence or risk of child maltreatment
- screen out some referrals as needing no further response
- refer and connect others directly to community services, or
- send the referral on for an in-person response
- determine the needed response time, as immediate or 5-day for vulnerable populations, or up to 10 days, as appropriate
- choose whether the in-person response should be routed to CWS staff familiar with cases likely to be court involved, CWS staff that will assess and serve families without court involvement, or a more appropriate community partner.

### Three Types of Response Paths

California's recommendations for implementing differential response include an overall approach for child and family assessment and support. The Child And Family Support Assessment (CAFSA) differential response system leads to one of three response options:

- (1) Community Response,

(2) Child Welfare Response, (and partners)

(3) Child Welfare High Risk Response

The first path – **Community Response** – assumes there will be no further involvement of CWS in the case unless the circumstances prove to be different than what was known at intake, or there is a change in circumstance. This path is selected when child maltreatment is not a concern, the child is deemed to be safe, and there are either no or low risks of harm to the child. However, it is clear the family is experiencing problems or stressors, which could be addressed by community services. In the current system, these referrals may or may not receive a referral to a community agency and no measures are taken to assure that referral connections have been made. Someone in the community is concerned enough to bring it to the attention of the child welfare agency, and the referral merits a response and assessment.

The *Community Response path* will require intake staff to contact the family who is being referred to get their permission to refer them to a community support agency, engaging them in a process of voluntary participation. The community agency receiving the referral will be required to confirm back to CWS that contact has been made and the family has been seen. At that point the case is closed to CWS unless re-reported by the community agency after the initial face to face meeting with the family or during the progress of the services offered. Parental involvement in services is voluntary. If the family cannot be engaged voluntarily and there are no known safety concerns for the children, the case will be closed to CWS.

**EXAMPLES:**

- *A teacher calls about a child whose behavior is difficult to manage both at home and at school; the school has complained to the parents on numerous occasions; the parents feel overwhelmed, don't know what to do, and are asking for help.*
- *A hospital social worker calls about a 16-year-old who has given birth to a child. She lives with her single mother who works 10-hour days and is therefore unavailable to assist with caring for the infant or instructing her daughter on infant care. There are no allegations of abuse or neglect but concerns exist about the 16-year-old's maturity and ability to care for a newborn by herself.*

The second and third response paths suggest safety and risk concerns that require the involvement of CWS either on its own or in combination with community partners and the courts if necessary. These response paths will be selected at the Initial Assessment and will be confirmed or changed at the point of the first face-to-face meeting with the child and family.

The second response is called the ***Child Welfare Response*** path and involves families with low to moderate risk of abuse and neglect; safety factors may not be immediately manifested in all cases, but risk is present. The focus is primarily on voluntary involvement in services through engagement of families, but in the interests of protecting the children there is the ability for non-voluntary involvement through the authority of CWS or, if necessary, the courts.

Families selected for this response path have been reported for child maltreatment and it appears to be a valid concern. This includes a range of family situations including children who are deemed to be safe as well as unsafe and the family is willing to engage in an in-home safety plan. These are situations both classified as low to moderate risk as well as moderate to high risk. Currently some of these families may receive one or two visits by a social worker, and no ongoing services due to system resource constraints. Others are provided family maintenance services following a court petition.

**EXAMPLES:**

- *A neighbor reports that the family next door has 5 children under the age of 10. The children are frequently seen outside after dark and unsupervised. They appear dirty, unkempt and inadequately dressed for the weather. In addition, the family rents out space in the garage and back yard sheds to what appear to be transient men who drink and use the yard as a bathroom.*
- *An elementary school counselor refers a family with two school-age children aged 7 and 9. Concerns include the children having head lice, frequently missing or being late to school, and not wanting to go home. She learns from one of them that the mother drinks a lot of beer throughout the day and is often asleep in the morning when the children need to get ready for school. They also have told her that they do not like their mother's boyfriend because he uses drugs, is mean to them, yells a lot, and threatens to hit them with his belt.*
- *A school nurse calls to express concern about the safety of one of their students. He is a 9-year-old mentally delayed, emotionally disturbed child who can be a danger to himself and others. His parents are on vacation out of the country. His adult childcare provider called to say that he was sick and would not be in school. The nurse called the home and found the child alone. She called the childcare provider's work and found her at work. The nurse is very concerned about this child's ability to care for himself and to be alone all day*



The *Child Welfare Response* path will involve an initial face-to-face assessment by CWS, either alone or with one or more community partners enlisted based on the information gathered at intake. The initial face-to-face will be focused on assessing the safety of the children, and engaging the family in a process of recognizing the risks to their children as well as protective capacity resources. Facts will be ascertained and documented related to the maltreatment, the levels of safety, risk, and protective capacity, and next steps. If any safety factors are present, an immediate *safety plan* will be developed to assure the safety of the children. Exploring protective capacity will help the family and the social worker to develop the safety plan that may, but will *not always*, involve removal of the children from the immediate custody of the parent or guardian. At this important first meeting with the family, the immediate service and support needs will also be identified and assistance will be initiated. An appointment will be made to develop a more comprehensive assessment of risks and protective capacities and the family will be invited to have significant support people in their lives present.

At that point, CWS and relevant community partners will sit down with family members, including the children where appropriate, and their support system to establish a comprehensive assessment of what is placing the children at risk. They will also examine what specifically has to change, what the family believes they need in the way of support and services to make the needed changes, and what commitments the family, their supporters, CWS, and community partners will make to that change process. From this meeting the case plan will emerge; it will reflect the shared responsibilities and commitments as well as the specific services and time frames for re-evaluation.

The third response path is the — ***Child Welfare High Risk Response*** path. This path always involves the likelihood that the children are unsafe, risk is moderate to high for continued child abuse/neglect and actions have to be taken with or without the family's agreement to protect the child. Criminal charges may also be filed against the adults causing the harm. Efforts will still be made to engage the family; especially non-offending parents or other protective adults, in order preserve the connections of the child to family members.

The *Child Welfare High Risk Response* – will also involve CWS in the first face-to-face visit and could also involve law enforcement in that many of these situations could involve potential prosecution of offenders or considerations about the protections of the CWS worker. The safety of the children will be assessed. Facts will be ascertained as to the maltreatment pattern, the safety, risk and protective capacity factors, and efforts will be undertaken to help the family recognize the seriousness of the concerns and engaging them in a commitment to a change process. The level of risk will often require the involvement of the court to authoritatively assure actions are taken to protect the children.

**EXAMPLES:**

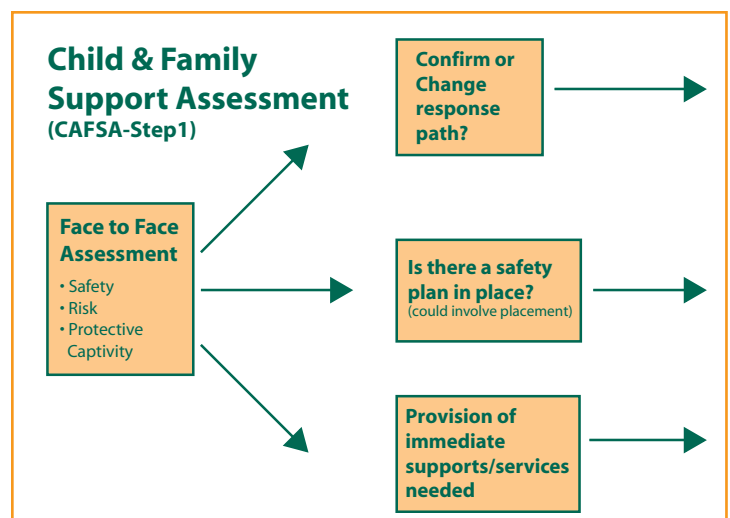
- *A mandated reporter calls to report that a teenage mother of a one year old gave her baby two bottles of beer last night to make him sleep. Today the baby is sick and vomiting. The child is also observed to have bite and burn marks on his body and a friend of the teen mother has told the reporting party that she has seen the mother bite the baby. The teen mother has no visible means of support either financially or socially.*
- *An emergency room doctor calls to report child abuse. A 2-year-old is in the hospital having suffered a head trauma, internal bleeding and several broken bones. X-rays reveal additional old, untreated fractures. The mother reports that she was at the market and when she got home her boyfriend was gone and she found the baby unresponsive. Not sure what to do, she called a neighbor who then called 911.*

A safety plan will be developed to address any identified safety factors. This could involve out of home placement of children or other means of assuring safety, such as the removal of an offending adult from the home, or introducing a protective relative or other responsible adult into the home. The caseworker will initiate immediate support services as needed in these situations as well and make an appointment with the family and any support people in their lives to do a comprehensive assessment of the pattern of safety concerns, risks, and protective factors that would be relevant to constructing a case plan.

Engagement and ascertaining of facts will be the focus of all assessments, with the recommendations and provision of services based on the facts and circumstances of the child and the family. Regardless of the agency or partnership conducting the face-to-face assessment, the critical question will be, *“What will it take to keep this child safe?”*

**Child and Family Support  
Assessment Step 1: Face-to-  
Face Assessment**

The Child and Family Support Assessment is comprised of an initial face-to-face assessment followed by a more comprehensive child and family assessment. During the face-to-face assessment the initial





response path is either confirmed or changed if additional facts are ascertained that make another response path more appropriate to the situation. As noted above, facts related to safety, risk and parental protective capacity will be gathered and will result in an immediate safety plan where warranted by the facts. Also at the initial face-to-face assessment, immediate services and supports needed by the child and family will be initiated.

### *Child and Family Support Assessment Step 2: Comprehensive Assessment*

Following the initial face-to-face assessment, CWS and relevant community partners will sit down with family members, including the children where appropriate, and their support system to establish a comprehensive assessment of what is placing the children at risk. They will also examine what specifically has to change, what the family believes they need in the way of support and services to make the needed changes, and what commitments the family, their supporters, CWS, and community partners will make to that change process. From this meeting the case plan will emerge; it will reflect the shared responsibilities and commitments as well as the specific services and time frames for re-evaluation.

### *Case Plans and Services*

Although *case plans* are often developed for families who participate voluntarily in services, court involvement brings with it a mandated case plan for every child declared a dependent. Collaterals and family are consulted, and parents are ordered to participate. Individual service providers often prepare their own separate case plans, so a family member may be working within several plans.

With the Redesign, the goal is an integrated case plan to provide a comprehensive and case specific approach to the individual family's situation. It may be subject to expansion and modification throughout the period the family is involved and it may be formed at any time during the initial assessment period even in those cases in which a petition is filed. It is anticipated that teams will participate in modifications as appropriate, and will assist with "exit" strategies.

Current practices provide *referrals* to a parent, and to other family members when appropriate. Follow-up absent court involvement is not routinely monitored. Differential response will result in many cases being channeled to the community for service. Unless there is a new incident of abuse or neglect, or other grounds for a new report to CWS, there will be no structured follow up on those cases other than to communicate to CWS that a connection was made within a reasonable time and whether or not the family has responded to the offers of assistance.

*Voluntary contracts* between families and CWS for services will continue under the redesign. However, in addition to the current practices in which the family is

provided with community resource referrals, and a social worker maintains contact with the family, under the new approaches, the voluntary contract will have greater scope. It may include out of home placement for the child for up to one year and may be designed to maintain a child at home up to his or her 18<sup>th</sup> birthday. In every voluntary service arrangement, CWS and Community partners will work to resolve issues and obviate the need for a petition to be filed. .

Teams will continue to meet to assess progress and make recommendations for modifications in the case plan. Where feasible, case management may be shared between CWS and community agencies. In some situations, the Community Partner will take lead responsibility with little ongoing role for CWS. Prior to the exit of CWS as the sole monitor with direct oversight, or as a partner in the management of the case, teams will convene to design exit strategy and contingency planning.

Once a petition is filed in juvenile court, at present, case plans are developed by CWS with consultation with the parents, and CWS has sole responsibility for *implementation of reunification services*, although many of the services are provided through contract agencies in the community. Parents are generally required to make their own appointments for treatment through agencies to which they are directed by CWS.

Under redesign, the formation of the case plan will have begun as early as possible and will involve community partners, extended family members, experts as needed, and others identified by the child and the family. Teams will continue to convene whether the child is to remain at home as a dependent, or is removed by court order. If the child is removed and reunification services are ordered, CWS will bear the primary responsibility to implement the plan, but community partners will be involved in service delivery and direct monitoring of progress, with a responsibility to report to CWS and the court at regular intervals.

*Concurrent planning* must be initiated at the time of the original removal and must continue throughout the case until the child is returned home or reunification services are terminated. Greater court oversight of concurrent planning is expected, with the understanding that family members or foster parents will be participating in the concurrent planning process. If reunification services are not ordered, the needs of the specific child will be the primary focus of the case plan. Family members or foster parents who are participating in the permanency plans for the child will be included in the teams to be reformed to assist in achieving permanency for the child. Community partnerships will be called upon to provide and coordinate services to assist the child reach the most appropriate permanent plan.

### Services During and After the Assessment Period

Under current statutes and procedures, during the assessment period, or at the completion of 30 days, one of 3 courses of action may be adopted:

- (1) The case may be closed, sometimes with referrals to community agencies for assistance, but with the responsibility for contacting others left to the family.
- (2) A voluntary contract may be executed between the parents and CWS for treatment and services, and may include placement of the child with a relative, a foster home, or an institution. The contract term is for 6 months, but may be extended for an additional 6 months, and at the conclusion of the contract period, if CWS is satisfied that the safety of the child is no longer at risk, the association between the agency and the family is ended. If at any time during the contract period, or at its conclusion, CWS determines that more authoritative intervention is required, a petition may be filed to have the child declared a dependent of the court.
- (3) A petition may be filed seeking to have the child declared a dependent of the juvenile court. If dependency is declared and the child remains at home, services may be provided to the family for up to one year.

**The Redesign will present different options during the assessment period,** which recommend extending from the current 30 days to 60 days the necessary time for social workers to engage families in the receipt of voluntary services. The focus will be on the goal of strengthening families. The intention in extending the assessment period is to not only develop a more focused understanding of the needs and strengths of the family, but is primarily to allow the worker/team time to engage the family in a helping relationship and for the family to benefit from services provided during the assessment period. Comprehensive assessment activity and provision of services must begin as soon as possible following the initial face-to-face assessment. Activities during the 60 days encompass many responses and will often involve community partners as described above. In some cases, it will be determined that further intervention or assistance is not required.

Fundamental to continued involvement by community partners, with or without CWS participation, is the on-going utilization of team decision making, with the teams meeting at least every 90 days. Prior to cessation of services, the team will assist in the development of appropriate contingency plans. If a petition is filed and the child remains at home as a dependent, the court will make orders to support the family and safely maintain the child at home. The case must be reviewed at a court hearing at least every six months, and there will be recognition that some families may require court oversight and CWS and community partner services for longer than one year

and may continue until the child reaches 18 years of age. Teams will continue to meet throughout the case at regular intervals to assess progress and recommend modifications to the case plan. Prior to termination of dependency, the teams will work with the family and community partners to assure that continued support and resources will be available and accessible according to family needs.

If no petition is filed and the child remains at home, services and case management may be provided by the community partners without CWS involvement, or may be provided by community partners and CWS with responsibilities assumed as each case dictates

### ***Multidisciplinary Teams***

A typical multidisciplinary team assessment might include a physical examination, psychosocial, and developmental evaluation of the child, as well as an assessment of the family's ability to function and provide a safe environment. The team's first priority is to ensure the safety of the child. In some California counties, teams will be composed of standing members who meet on a regular basis and represent a variety of disciplines. In other locations, teams might meet on an ad hoc basis, gathered together based on the unique needs of the family and resources in the community. And of course, many California communities will likely have some combination of standing and ad hoc teams. Either way, team members are meant to play an active rather than consultative role in assessing families and facilitating services.

### ***Family Support Teams***

The CWS Redesign also recommends that family support teams be utilized whenever possible to coordinate family conferencing and assessments. These teams would include at minimum, family members (as defined by the family), the CWS worker, community resources relevant to the family case, and other child and family service providers which might assist the family in identifying local supports that could reduce stressors and improve family life. Typically, parents would play a key role in identifying their needs and the supports that would be most helpful in addressing them.

### ***Team Fundamentals***

An important aspect of these teams would be its ***shared case management function***, whereby a CWS worker, may or may not be taking the lead in coordinating follow-up services to the family beyond the initial assessment activity. In describing the various ways in which a multidisciplinary team might operate, there are a number of issues that are fundamental to the future functioning of all of them.

- **Confidentiality:** Since multidisciplinary teams are specifically designed to cross professional barriers, issues of confidentiality among professionals who participate on these various teams must be formally addressed

- **Training:** Multidisciplinary teams must be supported through ongoing training programs aimed at enhancing professional skills, clarifying team roles, and supporting good team dynamics. They also must understand how to identify and respond to emerging safety and risk issues even when their focus of services may be primarily with parents.
- **Court Decisions:** The assessments and recommendations made by multidisciplinary teams must be routinely shared with the courts as they formulate decisions on a range of service and placement issues involving maltreated children.
- **Services:** Adequate funding of current effective services and the development of specific family supports and treatment options identified by the various teams are essential to the team's ability to develop and implement service plans that effectively meet the needs of children and their families.

## Key Implications

### ***Fairness and Equity***

There are many reasons to be concerned about issues of *fairness and equity* in the identification of children as abused and neglected, and more significantly, in the response to those children and their families. Children of color are disproportionately reported given their share of the general population. The disproportionately increases when one looks at out-of-home placement rates, time in care, and efforts to provide remedial or less adversarial responses. Considerations of cultural practices and supports within the specific family and community of a family must be emphasized.

*Implementation of change through an educated and enlightened workforce is the fundamental key to addressing issues of fairness and equity.*

There is no assurance that any change in the organization of CWS will, on its own, solve these important problems. At the same time, some systemic changes are essential to advance fairness and equity. One of the most important is to have common standards of assessment so that decisions are based on a uniform approach to the assessment of safety, risk, and protective capacity. With uniform standards we cannot rest assured that they will be implemented uniformly, but without such standards we cannot even hold people accountable. In another section of this report we addressed the development of statewide uniform assessment of safety, risk and protective capacity. This is especially germane to the implementation of *differential response*.

### ***More families served***

Another important implication of the implementation of differential response is crystal clear – more of the children and families referred to CWS will receive services and

supports. Intake staff, for example, will be focused not on whether the reported concerns about a child can be “screened out” or “evaluated out”, but rather on how they can be “screened in” to some form of appropriate response.

### **How do we get there?**

The key component of Preserving and Strengthening Families is New Intake Structure/Differential Response and Safety Assessments.

The implementation elements are:

- Enhanced Intake Structure with Systematic Way to Refer Families to Three Response Paths
- Public-Private Agency Contracting for Services
- Standardized Approach to Assessing Safety, Risk and Protective Capacity
- Comprehensive Assessment Process
- Team Decision-making for Assessment and Case Planning
- Shift Focus from Substantiation to Engagement / Fact-finding
- Availability and Access to Core Continuum of Services

Throughout this past year a great deal has been done to prepare the legal and financial foundations for these and other changes. It will take much of that work in the area of statutory change, financial allocation strategies, and obtaining additional funds to make differential response and early intervention take place. That work is described elsewhere but is essential for implementing differential response. Moreover, policies have to be in place to preserve any cost-savings from deep in the system to make funds available for the front-end. Without that, differential response cannot happen.



**Figure 5: Overview of Differential Response Operational Component**

CWS Decision Points	Practice Changes	Changes: Law/ Regs/ Protocols	Decision Option
Initial Assessment	Expanded: History, Family Data and Information Goal: Screen in	Safety Assessment	CAFSA Response Path (1) Community; (2) Child Welfare (3) Child Welfare-High Risk
Face-to Face Immediate 5-10 days	<b>10 day:</b> Community Response: No immediate problems or safety issues <b>5 day:</b> Vulnerable populations and imminent risk. At least one safety issue but no imminent risk <b>Immediate:</b> Imminent risk	Statutes must permit DR  Division 31 Immediate ,5,10 day requirements  Assessment time extended from 30 to 60 days, with emphasis on prompt development and implementation of plan	Open Case for Services/Close Voluntary? Petition Filed If case opened, report as "indicated." CACI separate protocol
Case Plan	Engagement: Team Decision Making	Statutes must permit DR  Services for non-petitioned cases may extend to age 18	Voluntary or Petition Case Management: Shared or CWS
End of 60 day assessment period	Teams continue to participate throughout. If services continue in community, teams meet at least every 90 days	County contracts, protocols and MOUs	Close case or CWS ends assessment and management but community response and involvement continue or petition filed
Petition Filed Initial Hearing/ Detention/ Jurisdiction/ Disposition/ Reviews/§ 366.26/Post Permanency Reviews	Team Decision Making; ADR; Attorney Participation in Planning; Strict court rules for contested hearings	Shorten limit on Disposition Hearing time to 60 Days; Special Attention to AOD cases  Statutes to enhance ADR; attorney standards; Rules of Court	Detention/ Dependency/ Removal/ Concurrent Planning/ Reunification/ Permanent Plan

## SPECIAL NOTE: PERMANENCY

### A Focus on Permanency

Earlier sections have addressed strategies directed at assuring that families have access to the services they need to prevent endangerment without separating the child from the family. The following sections describe the impact of the Redesign on those situations where the child must be removed from the family, at least temporarily.

*A commitment to ensuring a permanent family for every child in California is central to the CWS Redesign.*

A commitment to ensuring a permanent family for every child in California is central to the CWS Redesign. Children are born into and belong in families. Some families endanger their children due to ignorance, negligence, debilitating illness or cruelty, and the Child Welfare System intervenes to prevent further harm. While such intervention is necessary, intervention alone is not sufficient to protect children who seldom thrive without a bond to a family unit. Too often removal of the child from the family creates an irreparable and emotionally devastating break in the parent-child relationship, leaving the child in the care of “the system” for a prolonged period of time. The Redesign wed the need to keep children safe and the need for children to be in families by creating a system of services and supports to ensure the child’s safety within a nurturing permanent family.

For children and youth who have entered out-of home care, there are two primary means of achieving permanency. The first is through restoring families’ capacity to safely care for and nurture their own children. The other is through the rebuilding of alternate families through adoption, guardianship and other permanency arrangements. Each of these permanency strategies results in the child’s exit from the child welfare system and addresses the three essential elements of permanency:

- ☐ *The parent or guardian has physical and legal custody of the child.*
- ☐ *The parent or guardian is committed to the child's developmental needs.*
- ☐ *The child experiences emotional security from knowing that relationship will endure through space and time.*

For those older youth who may exit the system without having been restored to their birth families or having joined a new alternative family the Redesign places a strong emphasis on developing and sustaining supportive adult connections and acquiring a set of basic skills prior to exiting foster care.



Through efforts to restore family capacity, to build alternative families and to provide support for successful transition to adulthood, the Redesign moves the system's focus from the care of children apart from their families to ensuring that children leave the system to be cared for by permanent families in order to

- Reduce the total number of children and youth in out-of-home care and, in particular, reduce the disproportionate number of children of color who remain in foster care;
- Reduce the number of placed children who are in the care of strangers and/or do not have regular contact with parents and siblings;
- Ensure that every child or youth who comes into foster care receives the services, support and nurturing necessary to his or her well-being; and
- Release resources currently devoted to long-term out-of-home care to be reallocated to prevention and family support services within the community



## **OBJECTIVE THREE: BROADEN EFFORTS TO RESTORE FAMILY CAPACITY**

### **What Is the Objective and What Will Happen as a Result?**

Restoring family capacity will be the initial goal for the majority of families whose children must be placed out of home. Like “reunification,” restoration involves returning the child to the care of his or her parents but goes beyond the way in which reunification has typically been practiced. The process of family restoration involves a change in the family to improve its structure, functioning and capacity and remove the risk to the child.

The restoration process requires the **maintenance of close family connections** while the child is placed outside the home which requires careful attention. When a child enters out-of-home care the parent is typically removed from the cycle of caring for the child, and this has a profound effect on the parent-child attachment. Finding ways for the parent to engage in caring for the child who is placed out of the home requires support to the parent and to the caregiver, a clear understanding of the purpose and importance of this engagement on the part of everyone involved, and an explicit inclusion in the case plan of a description of the frequency and nature of the parents’ expected involvement.

Also important is the **provision of services to the child and family that are essential to restoring the family**. During the period of separation, services must be offered on three tracks: 1) those designed to ameliorate problems that endangered the child; 2) those focused on specific problems that might occur as a result of the endangerment (e.g., health or mental health issues, behavioral problems, etc.); and 3) those designed to support improved family functioning so as to avoid a recurrence of endangerment.

One critical factor in the success of family restoration is **active support for the child’s return** to the restored family and continuing support following his or her return. Early reunification is likely to be contingent on the continuation of services that have addressed parental capacity to ensure the child’s safety. The child’s return to the family is likely to have a somewhat destabilizing effect, and services and supports that can address and resolve these issues need to be available. Furthermore, families need to be effectively connected to the community network and able to access whatever additional services they may require to stay intact.

Restoring family capacity enhances parental ability to provide for the child’s well-being by addressing problems and behaviors that have endangered the child. It

allows children to return to and remain with their families while ensuring that they are safe. It reduces the number of children who are placed out of home and allows for the reallocation of resources for out-of home care to family preservation and support services.

## **Recommendations for Achieving this Objective**

**Expand safety assessment and planning to quickly reunify children with their families.** The Redesign process has included the development of specific tools, including the standardized approach to the assessment of safety, risk, and protective capacity, that provide for accurate and effective assessment and periodic re-assessment of the factors that brought the child into care and will help social workers to identify specific areas in which change is needed to reduce risk to an acceptable level. With clarity regarding safety concerns and a comprehensive family assessment, the social worker and family can work together with other partners (professionals, community people, family friends and relatives) to create a plan designed to get the child back home as quickly as possible.

**Engage birth parents (using specially designed skills) to support the ongoing care of their children and to guarantee the child's continuity of care by family members.** While children are placed out of home, regular and frequent contacts between parent and child are essential to maintain the attachment critical to the child's healthy emotional, social, cognitive and behavioral development. Making it as easy as possible for the parent to maintain such contact ***including proximity of placement, transportation, off-work hours, etc.*** must be an integral part of the case plan. The timing, structure and supervision of these contacts will be designed to reinforce the parent's continuing role as caregiver.

**Provide sufficient supports and services before and after children are returned home to restore autonomy and family bonds temporarily lost during the child's time in care.** Children removed from their homes for their safety often come from families with multiple, complex issues involving various systems (e.g., mental health, substance abuse, housing, welfare, education). In order to make it possible for the family to be restored, intensive, multi-disciplinary services will be provided to enhance family capacity by addressing the issues that led to the child's entry into the system. These services will be initiated immediately upon entry into the system and continue throughout the restoration process. The services will go beyond traditional referral to resources and didactic parenting training to include linkage to customized services and supports geared toward building on the family's existing strengths while addressing issues of concern.

It is critical to the success of restoration that the underlying problems that led to placement are resolved as a condition of the child's return. Additionally, children and parents must be prepared to deal with the changed roles of family members (e.g. due to new sobriety or enhanced parenting skills), the individual changes that have occurred during the time in placement, the trauma of separation and the fear that it could happen again. Services will be maintained beyond the time of the child's return home in order to facilitate the reconnection and stabilize the family's situation over time.

## **Key Shifts from the Present System**

**Case Planning:** (see also Focus of Services, page 81) Case planning becomes an inclusive, comprehensive, results-oriented process that ensures that families, as well as extended family members, are engaged in a respectful manner that draws on their strengths. The social worker will share responsibility for identification and achievement of case plan goals with the family and other team members. Parents will be interviewed in detail about the child and about all close family members who might participate in the team, be utilized as resource families or provide support to the parents to improve functioning and protective capacity.

The immediate focus of the case plan is on early, safe, restoration of family functioning to eliminate the need for out-of-home placement or to minimize the duration of placement. The case plan articulates specific objectives and behavioral changes related to child safety and risk. It provides firm time frames, including short-term benchmarks as well as longer-term goals, and identifies how restoration will be accomplished, including the assignment of responsibility for specific tasks. A key feature of the case plan will be to optimize the proximity of the child's placement to the family to support regular and frequent contact.

To prepare for this process, social workers will be trained in the areas of family and youth engagement and outcome-oriented case planning, as well as in team facilitation skills. Time frames for case plan completion will be modified to allow for the additional time required to ensure family engagement and team participation and to secure essential services for the family.

A team planning/decision meeting will be held within seven days of any emergency removal and prior to a non-emergency removal. In its planning process the team will devise alternative strategies in the event that expected progress does not occur and will document the circumstances that might trigger the alternative strategy.

Progress toward case plan goals will be evaluated by the team at least every 90 days and the case plan is affirmed or revised through informal in-house evaluation,

administrative review or informal court hearing. Case planning will continue through the period following the child's return home and will include identification of and linkage to specific services and supports, including on-going case management, to maintain progress, address continuing needs and promote child well-being.

**Early Reunification:** Because the likelihood of reunification declines as time passes, every effort will be made to facilitate reunification quickly by focusing on addressing the specific safety issues that required that the child be separated from the family. The criteria for return of the child will be tied to safety factors, irrespective of the completion of service programs. Post-reunification services will be planned and will continue as necessary to assure the stability of the reunified family unit.

**Continuing Parental Contact:** With sufficient resources in place, parental visitation will no longer be characterized by stiff meetings in offices or public places. Parent-child contact will instead be arranged in comfortable, homelike surroundings and structured to provide meaningful interaction that supports the maintenance and continued growth of attachment. Social workers will coordinate with parents, caregivers and, where appropriate, visit monitors to ensure that regular contact occurs, and will assist parents with transportation and other supports where needed. Investing resources in daily visits is highly desirable in assuring continued attachment especially in the case of placement of very young children. Visits will include opportunities for meaningful involvement in the ongoing care of the child (e.g., feeding, grooming, reading and/or playing with the child) and opportunities to improve care-giving skills (e.g., through mentoring, role-modeling). Caregivers, children and parents will have access to post-visit support to address children's behavioral and emotional responses to the visits, and to assist parents in improving parenting and relational skills.

**Sufficient Legal Advocacy:** The court and court-related personnel play an indispensable role in dependency proceedings. This involvement can, however, be a major trigger of apprehension due to its unfamiliarity, its arcane language, rules and procedures and its apparent unilateral authority. It is critical that parents and children have time to become acquainted with the attorney who will represent them. The attorney can reduce anxiety by familiarizing the families with general court procedures, by listening to the family's perspective on the case and by taking into consideration their preferences related to possible outcomes. Judges and attorneys need to be specially trained to ensure that they are fully knowledgeable of all dependency court procedures (particularly those that may have been modified to correspond with the Redesign strategies), that they are able to explain these to parents and older children, and that they understand and are able to practice the fundamentals of family engagement. Decisions need to be based on established statewide safety standards and specific facts addressing these standards in relation

to the case at hand. Caseloads for attorneys need to allow for time for meaningful engagement with their clients prior to and after court appearances and, to the greatest extent possible, in case planning meetings.

**Non-adversarial Approaches:** Cases will be managed using approaches that seek to reach resolution through non-adversarial means. Children's attorneys and/or Court Appointed Special Advocates will be invited and encouraged to participate in team decision-making meetings rather than having their contact with families limited exclusively to court-related activities. Minimizing the necessity of formal court proceedings through alternative dispute resolution and mediation will provide more flexibility in addressing the family's unique issues. Engagement of parents and family members as well as others who know and are prepared to provide support to the family can reduce the parents' anxiety and frustration and help to create context of problem-solving rather than shaming and blaming. Families will be informed of and may choose non-court alternatives for the handling of their cases and will have access to peer advocates who can support them in understanding and addressing issues that have brought about CWS involvement.

**Essential Services and Supports:** The specific services needed to enhance parental protective capacity are identified and the parent is immediately linked directly to these services. Rather than planning around service gaps, resources, services and supports will be identified or developed and made available when they are needed. Social workers will have access to up-to-date, accurate information about available services, and will be able to rely on community partners to help identify resources that are available to address family needs.

**Out-of-Home Placement:** Placement of the child with a resource family is one of the services essential to restoration. The key goals of this service are to ensure the child's continuing growth while out of home and to maintain the family and community connections that will be essential to the child's successful return home. Highly developed social worker skills and knowledge related to matching the full spectrum of children's characteristics and needs with caregiver capacities and services coupled with the availability of carefully selected and well-trained resource families will ensure effective and appropriate placement of each child in the least restrictive environment available. Recruitment efforts directed at securing resource families located within the community in which the family lives will optimize frequent parent-child contact during the placement period.

**Foster Care Bill of Rights:** While in foster care, children are provided with a Foster Care Bill of Rights, including a safe, comfortable home, respect, privacy, court appearances, health, education and visitation. Social workers are responsible for reviewing these rights with children and youth every six months.



## Building on Best Practices: What Does This Look Like in Practice?

***Family to Family** is an initiative designed in 1992 and field tested in communities across the country that effectively incorporates a number of the Redesign strategies related to restoring families. Implementation of Family to Family has allowed communities to:*

- *better screen children being considered for removal from home, to determine what services might be provided to safely preserve the family and/or what the needs of the children are;*
- *be targeted to bring children in congregate or institutional care back to their neighborhoods;*
- *involve foster families as team members in family reunification efforts;*
- *become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes; and*
- *provide permanent families for children in a timely manner*

*There are four core strategies at the heart of Family-to-Family:*

- *Recruitment, Training, and Support of Resource Families (Foster and Relative): Finding and maintaining local resources who can support children and families in their own neighborhoods by recruiting, training and supporting foster parents and relative caregivers.*
- *Building Community Partnerships: Partnering with a wide range of community organizations -- beyond public and private agencies -- in neighborhoods which are the source of high referral rates, to work together toward creating an environment that supports families involved in the child welfare system and thereby helps to build stronger neighborhoods and stronger families.*
- *Family Team Decision-Making: Involving not just foster parents and caseworkers, but also birth families and community members in all placement decisions to ensure a network of support for the child and the adults who care for them.*
- *Self-Evaluation: Using hard data linked to child and family outcomes to drive decision-making, and to show where change is needed and where progress has been made.*



*Visitation Centers have been established in Family Support Centers in a number of communities. These are natural, home-like environments equipped with comfortable chairs, books, toys and games, with access to outside play and food preparation areas, where parents are able to interact with and provide care for their children during both supervised and unsupervised visits.*

***Parent-Child Interaction Therapy (PCIT)*** is an intensive treatment program, initially developed to assist parents whose children have severe behavioral problems. Because many of the behavioral and interpersonal characteristics of children with behavioral problems and abused/neglected children are similar, PCIT was adapted as an intervention for at-risk families. The PCIT program consists of a Relationship Enhancement component and a Discipline component. Within the Relationship Enhancement component, parents are taught and 'coached' how to decrease negative aspects of the relationship with their child and to develop consistently positive communication with their child. In the Discipline component, parents are taught and 'coached' the elements of effective discipline and child management skills. In both components of this program, parents are taught specific skills, given the opportunity to practice these skills during therapy, then continue practicing skills until mastery is acquired and the child's behavior has improved.

*A Skill Seminar for work with high-risk families is available that provides an overview of an interpersonal/behavioral theoretical perspective on child abuse, followed by a description of the ways in which PCIT is appropriate for high-risk and abusive families. Participants will have an opportunity to observe, then practice (in role-play format) basic PCIT skills.*

*Anthony J. Urquiza, Director. For more information on PCIT, contact **Alissa Porter**, CAARE Diagnostic and Treatment Center, University of California, Davis Medical Center, Sacramento, CA, USA, (916) 734-6610*

## How Do We Get There?

The key implementation elements for Family Restoration include:

- Inclusive and Comprehensive Case Planning
- Early, Safe Restoration of Families
- Sufficient Legal Advocacy
- Use of Non-Adversarial Approaches

In addition to the references to these elements included above, the specific steps required for making them operational within counties are provided in the **Redesign Implementation Guide** that will serve as the basis for state and counties to work together to make the elements a reality.



## **OBJECTIVE FOUR: STRENGTHEN ALTERNATIVES TO REBUILD PERMANENT FAMILIES FOR CHILDREN**

### **What Is the Objective and What Will Happen as a Result?**

When it is not possible to increase family capacity or change parental behaviors to the point that a child can live safely in his or her birth family, the goal becomes rebuilding a permanent family for the child. Long-term foster care and permanent placement are no longer case plan goals, although foster care may continue to be necessary during the process of rebuilding the child's alternative family.

To be successful, this strategy depends on full implementation of **concurrent planning**, ensuring to the greatest extent possible that the resource family with whom the child is initially placed moves from its role in supporting restoration efforts to a new role as the child's adoptive family. Resource families must be recruited, selected and trained to perform in this dual role, with a focus on best meeting the child's permanency needs. **Training and services** must be available to all resource families on a continuing basis to support them in meeting the needs of the children in their care, both immediately and over the long-term.

While both unrelated foster parents and relative caregivers are defined as "resource families," it is understood that family dynamics can have a dramatic impact on the desire and ability of relatives to undertake adoption of the children in their care. Special attention is required on these and other distinguishing factors in **kinship care**.

Renewed efforts are needed to address the permanency needs of children and youth who are already in the system with a case plan goal of "long term foster care" or "permanent placement." As noted above, neither of these goals is consistent with the vision of a permanent family for every child. These cases need to be reviewed, and new goals established. In some instances, circumstances that led to the decision to terminate reunification may have changed, and it may be appropriate to **reconsider restoration**. In others, it is necessary to **identify and recruit suitable adoptive families** who can meet the specific needs of individual children and youth who are already in the system and for whom family restoration is not a possibility.

As a result of rebuilding alternative families children and youth become part of families who take on physical and legal custody through adoption or guardianship, who are committed to meeting the child's developmental needs; and with whom the child/youth experiences emotional security from knowing that the relationship will

endure through space and time. It reduces the number of children who are placed out of home and who are placed with strangers, and allows for the reallocation of resources for out-of-home care for family preservation and support services.

## **Recommendations for Achieving this Objective**

**Develop a comprehensive, integrated model of adoption and guardianship practice.** Under the Redesign, adoption/guardianship practice is informed by the uniform practice framework that is built on strengths-based and family centered practice and includes team/collaborative decision-making, family and youth engagement and the flexible “focus of services” case planning approach described below. Concurrent or contingency planning provides for early identification of permanency options, reducing the number of different placements experienced by the child and shortening the period of time spent in foster care. Specific circumstances in which guardianship will be considered as a permanency option are articulated, and are variable with the age of the youth involved.

**Develop a model of kinship care practice that recognizes and supports the unique differences inherent in rebuilding permanent families for children with extended family members.** The Redesign recognizes both the challenges and benefits inherent in kinship care. Relative caregivers are recognized as resource families in need of training and support comparable to that available to non-relative resource families. At the same time, they are viewed as members of the family who are likely to have a more immediate knowledge of and commitment to the related child in their care than would be expected of a non-relative caregiver. For this reason, relative guardianship is deemed to be nearly as permanent an outcome for children as adoption and will be pursued in preference to adoption outside of the family.



Facilitation of the family engagement process with relative caregivers will directly address the emotional conflicts inherent in the consideration of termination of parental rights and adoption within the family, as well as those growing out of relationship history.

**Assure sufficient and supported foster family resources.** In reframing the role of out-of-home care as a service in support of permanency for children and youth the Redesign recognizes the need to build new capacity in resource families. Recruitment and selection of caregivers will focus on communities where the children and families requiring protective services are living, requiring new strategies for

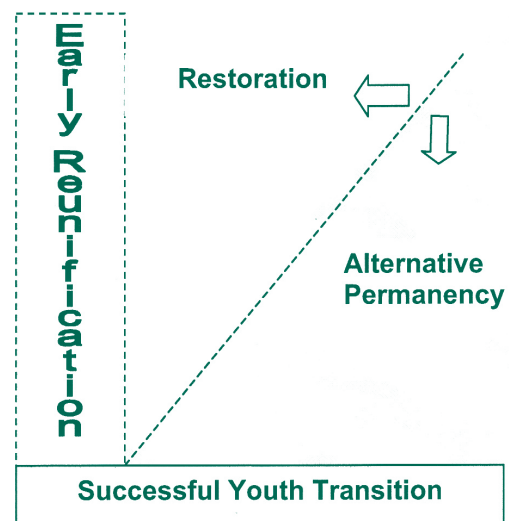
outreach and identification of potential families. Concurrent planning demands that caregivers work with and on behalf of birth families as well as the child, and this requires special training and support as well as unusual maturity, flexibility and commitment. A consolidated home study process will ensure that resource families are prepared and available to move from temporary to permanent status in response to the changing focus of the case. Beyond employment of innovative recruitment strategies, building the resource supply requires an improved ability to retain qualified foster parents through the provision of improved training and access to supportive services, including child care, respite care, and counseling. Furthermore, it requires the effective engagement of resource families as full partners in the permanency process with social workers and birth families.

### Key Shifts from the Present System

**Focus of Services** As described above, the case planning process is inclusive, responsive and results-oriented. It is characterized by flexibility in response to the needs of a child and/or actions of a family. The image of an adjustable lever or “moving arm” conveys the potential for shifting the emphasis of intervention over time (Figure 6).

Every effort will be made to provide the services and supports that will permit the child to return to his or her family as quickly as possible. With the exception of a few extraordinary cases, this will be the initial goal of the family’s plan. Given the complex and sometimes intractable issues that families face, however, ensuring permanency requires consideration and planning for workable alternatives in the event that restoration of the family is not possible. As the case progresses, the focus of services may need to move in the direction of alternative planning, or it may move toward family restoration if the family’s capacity improves. Planning simultaneously for both family restoration and permanency alternatives is designed to assure the achievement of permanency within a reasonable amount of time by making it possible to respond quickly and purposefully as circumstances change or fail to change, depending on the situation. Contingency planning with all families will support the individualized, flexible response that is a hallmark of the redesigned system.

**Figure 6: Determining Focus of Services**



**Out of Home Placement:** Historically, foster care placement has been the most visible symbol of child welfare. Redesign gives preference to prevention, family support and other less intrusive interventions. When required as part of a plan for family restoration or rebuilding alternative families, out-of-home placement becomes one service in support of the achievement of permanency, and not an end in itself.



The Redesign seeks to optimize the positive potential of out-of-home placement. To achieve this end, children's social workers and service providers must have highly developed skills and knowledge related to out of home placement, including the ability to match children's needs with capacities/services; and to promote neighborhood placement and other options for keeping parents closely in touch during the time that their children are placed out of home. For school-age children, every effort should be made to maintain enrollment in the same school, providing whatever supports might be necessary to do so (e.g., transportation, tutoring, TBS services, etc.)

One of the assumptions of the Redesign is that "the system" will have contact with many families before the situation reaches the point that immediate, unplanned removal of the child is necessary. Additionally, the case planning process under Redesign supports full implementation of contingency planning which includes concurrent planning. For example, development of an in-home safety plan will include exploration of suitable options for placement in the event that the in-home plan is not successful, making it possible to avoid last minute placement decisions.

Once it is decided that an out of home placement is appropriate, the children's social worker must identify placement alternatives and select a placement that balances family and child preferences as well as a number of diverse criteria including legal mandates, characteristics and needs of the child, and the availability of needed services, continuity of family and community connections, and caregiver capacity and potential for permanency.

**Concurrent Planning:** Concurrent planning is a specific term of art that both federal (ASFA) and state legislation (AB 1554) have mandated for use under certain conditions, generally tied to specific time frames. The Redesign embraces the broader notion of concurrent planning in contrast to a sequential model of practice in an effort to move children more quickly to the security of a permanent family. This is reflected in the flexible focus of services approach. To be implemented successfully, concurrent planning requires significant change in child welfare operations.

As noted above, concurrent planning requires a significant level of commitment and flexibility on the part of resource families, and the recruitment of families who are available for adoption as well as temporary foster care. It requires careful work with relative caregivers to address permanency in the context of complicated family dynamics. It also requires a reassessment of CWS staff roles, engaging all social workers in the permanency planning process from the start of a case, rather than having the case worker pass the case off for permanency planning when reunification is no longer believed to be an option. All staff need to become familiar with and comfortable in dealing with families on the subject of relinquishment and open adoption to facilitate timely decision-making.

The engagement and cooperation of the court is essential to effective concurrent planning. To meet decision-making time frames for concurrent planning, it may be necessary to accelerate the hearing schedule and continuances must be reduced. Courts need to be able to evaluate case plans that reflect both family restoration and another permanency alternative, and to assess both the effectiveness of child welfare services in providing services and the actions of parents in meeting the expectations defined in the plan.

Current county efforts at implementation of concurrent planning need to be evaluated and strengthened to universalize the process to the greatest extent possible in the interest of optimizing permanency for all children.

**Alternate Permanency Options:** One of the single most important aspects of the Redesign is a commitment to the maintenance and/or establishment of enduring family attachments for all children and youth. For those children whose families cannot be restored, rebuilding of alternate family connections becomes the focus of the case plan.

**Adoption** is the most secure and permanent mechanism for rebuilding a new family for a child who cannot return to the care of his or her biological parents. The Adoption and Safe Families Act encourages states to pursue adoption more aggressively than has been done in the past, and the Redesign incorporates its requirements and approach, particularly on behalf of older children who may previously have been considered “un-adoptable.” Redesign demands a commitment to continuous work on behalf of any child or youth who has not achieved permanency, and embraces the view that “forever families” can be found for virtually any child.

**Guardianship:** The Redesign favors adoption over guardianship because it is more permanent and the legal relationship does not end at 18. However, in some cases, a child or youth may form an important connection to an adult who, although committed to the young person, has a compelling reason not to go through a legal



adoption (e.g., when a relative does not want to be party to the severance of parental rights). Guardianship offers an alternative that can meet all the requirements of permanency while being respectful and supportive of family patterns particularly common among African American, Latino and Native American populations. Indeed, in some studies guardians have been found to be as likely as adoptive parents to believe their arrangement was permanent; and children placed with guardians have exhibited similar levels of permanence and social functioning as children with adoptive parents. As with adoption, however, flexible, tangible support services must be available to guardians on an on-going basis to prevent disruption. Further longitudinal studies need to be conducted to learn more about how best to assure the long-term stability of guardianships.

*Reactivating Reunification after the First Effort is Unsuccessful:* On occasion, parents who are not able to demonstrate that they can safely care for their children within the time frame allowed by law, can later demonstrate that they are able to do so. In these situations it may be appropriate to consider another reunification effort if the best interests of the children are served.

*Permanency Issues for Youth:* One central precept of the Redesign is the focus on maintaining or establishing permanent family ties for all children and youth. This implies doing different and greatly expanded work in identifying and developing lasting connections with committed, caring adults, particularly for youth over the age of twelve. Long-term foster care may continue to be a service that is needed by some children, but it cannot be considered a permanency option in itself. Similarly, while youth need opportunities to develop independent living skills, providing classes and experiences in developing these skills is not a substitute for continued efforts to establish a lifelong connection to a committed adult. Furthermore, while some youth may continue to exit the system through emancipation, this is not a default permanency option, and no youth will be discharged to him- or herself without a recognized stable and enduring relationship with a willing and capable adult.

Adolescents must be actively involved in the permanency process, including being a primary source of information about past and present connections with individuals who might become adoptive parents or guardians. For some youth, age, maturity and personal preference may justify reconsideration of the possibility of safe reunification with a parent. For others, rigorous pursuit of adoption will require that social workers develop the knowledge, skills and confidence to present and respond to particular issues related to the adoption of older children, as well as to questions and concerns raised either by youth or potential adoptive families.

Youth who entered the system prior to the implementation of Redesign and currently have a goal of independent living will need to be involved in the development of



a concurrent plan for establishing permanency through reunification, adoption or guardianship. Possible options for such youth may include non-relative guardianship or a planned stable placement. While neither of these options completely achieves the Redesign's vision of permanency, both address the critical elements of continuity of commitment and emotional security so often missing for youth who presently emancipate from the system.

## Building on Best Practices: What Does This Look Like in Practice?

Dave Thomas Foundation (1-800-ASK-DTFA) to order a free copy of the video "Finding Forever Families: Making the Case for Child-Specific Recruitment"

- Santa Clara County uses a website for targeted recruitment of adoptive families and operates a well-tested concurrent planning model.
- Kinship Center offers programs for identifying and supporting adoptions for older and special needs youth throughout California.
- San Diego County's "Cherishing the Child," is a collaboration with the faith-based community in recruitment of adoptive families

## How Do We Get There?

The key implementation elements for Rebuilding Alternate Families include:

- **Inclusive and Comprehensive Case Planning**
- **Use of Non-Adversarial Approaches**
- **Alternative Permanency Emphasizes Family Connections as a Priority**

In addition to the references to these elements included in both sections above, the specific steps required for making them operational within counties are provided in the **Redesign Implementation Guide**.



## **OBJECTIVE FIVE: SYSTEMATICALLY PREPARE YOUTH FOR SUCCESS IN ADULthood**

### **What Is the Objective and What Will Happen as a Result?**

The Redesign actively seeks to reduce the number of youth who will remain in foster care until their 18<sup>th</sup> birthday but recognizes the urgent need to assist older youth with the skills required for successful transition to adulthood. Older youth who remain in foster care will be actively engaged in activities and experiences through which they practice increasing independence, develop needed skills and create a viable plan for their lives after foster care.



This requires a renewed focus on youth engagement and development, new roles and responsibilities for caregivers, an increased emphasis on developing and sustaining adult connections intended to last a lifetime, and a commitment to ensuring that all youth acquire a set of basic skills prior to exiting foster care.

### **Recommendations for Achieving this Objective**

**Develop a comprehensive, integrated and developmentally staged model of transition planning and services.** The Redesign recognizes that preparation of youth for adulthood is a complex task that must occur over time. A systematic approach to the development of the full array of skills, knowledge and supports adulthood requires will help to ensure that those youth who remain in foster care through their adolescence are provided with the preparation, supervision and continuing assistance essential to successful transition. The Redesign process has identified specific tools that offer a holistic approach that recognizes and supports the interconnections between the multiple domains that must be addressed.

**Train and support caregivers to prepare youth for adult success.** Basic life skills need to be acquired over time and are best learned naturally in the course of daily living. The Redesign recognizes the critical role that caregivers must play in regard to the youth's development in this area. Caregivers will be involved in the case planning process, and have access to training directly related to supporting youth in acquisition of life skills, and placement agreements or caregiver contracts will clearly articulate this responsibility.

**Expand community options for safe, affordable housing for youth exiting foster care to live independently.** For those youth who do not achieve permanency while in foster care, communities need to develop a range of housing options that

can respond to varying needs including subsidized apartments, with and without on-ground supervision, shared housing, hosted homes, and boarding homes. Counties need to take full advantage of funding available for transitional housing through HUD, Chafee and other sources. The state can support this by providing guidance on accessing Transitional Housing Placement Program (THPP) funds, and taking advantage of housing bond funds.

## Key Shifts from the Present System

**Systematic Preparation for Transition:** The terms “independent living,” “emancipation,” and “transition” have been used somewhat inter-changeably to describe how older youth who continue to be under court supervision until age 18 leave that supervision for life on their own. “Emancipation” is an event whereby the court terminates its jurisdiction over the youth. As an event, it can occur without adequate preparation and without continuing support during the period of adjustment to new and very different circumstances. “Independent living” means no longer being a dependent of the court, but the phrase conveys neither the degree of interdependence that is both normal and healthy for young adults nor the complex set of skills, experiences and relationships that are needed to live on one’s own. Neither independent living nor emancipation requires or implies the creation of lasting adult connections. The Redesign’s focus on “Successful Transition” expresses both

the desired result and the sense that this result is achieved through a process that occurs over time.

Successfully preparing youth will require three major changes

- Enhanced and on-going efforts to achieve permanency for youth while simultaneously preparing them for transition to adulthood
- Expansion of focus on maintaining, re-establishing or establishing strong and enduring ties for every youth to one or more nurturing adults; and
- Development of a community network of services and supports that will enhance youth preparation while in care and continue to assist youth through their transition into adulthood

The focus on preparing youth for transition grows out of the Stakeholders profound concern for the plight of youth who have no idea where to turn or how to survive once foster care services are abruptly terminated when they turn eighteen. National attention to this problem has generated new understanding, energy and resources,

### Systematically

**PREPARE** Youth for Success in Adulthood

Staged Preparation

"Real Life" Experiences

Guaranteed Package



and the Redesign seeks to ensure that these translate into universal system changes whereby every former foster youth is able to meet his or her basic needs while pursuing personally meaningful educational and/or employment goals.

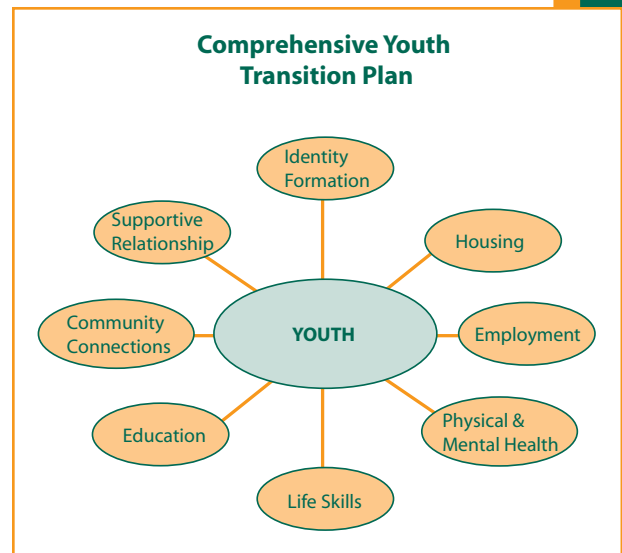
For this to occur, the Redesign envisions a system that is accountable for ensuring that every youth leaves with a “guaranteed preparation package” that includes

- A healthy sense of cultural and personal identity
- A close, positive and lasting relationship with at least one adult
- Other supportive relationships and community connections
- Access to physical and mental health services
- High school diploma, equivalency certificate, or GED
- Income sufficient to meet basic needs
- A safe and stable living situation

In addition, significant attention needs to be given to the development of basic living skills, acquired through real life experiences, generally occurring within the youth’s living situation, with the support of a well-trained caregiver.

Finally, beyond preparation and planned support, youth must have access to immediate response to contingencies and emerging issues. The better the preparation, the more likely it is that youth will be able to manage the inevitable obstacles that occur, but continuing access to alternatives for addressing such issues is essential for long-term success.

**Case Planning:** As discussed above, a team approach to case planning and decision-making is a key part of the Redesign. For older youth, case planning includes the development of a Transitional Living Plan (TLP) that documents the activities and accomplishments needed to prepare the youth for transition to independent adulthood. All youth need assistance in developing clear goals and expectations for the process of moving out of adolescence and into adulthood, and the Transitional Living Plan is simply a formal, documented version of these goals and expectations. Ideally, the team that comes together to create the TLP will include a number of individuals identified and selected by the youth. This team will be responsible both for the initial preparation of the TLP and for regular review and updates.



The engagement of youth in the planning process provides the opportunity for them to state preferences and concerns, helps them to understand the issues and interests of other parties involved in the case, and builds their commitment to specific steps in the plan for which they will be responsible. Review of the plan every 90-120 days will allow for monitoring the achievement of benchmarks or adding new steps in response to issues that emerge over time. Over time the youth will take on increasing responsibility for directing the plan and completing the necessary steps in ways that provide both the experience of self-reliance and the satisfaction of personal achievement. Social workers and resource families need training and practice in youth engagement strategies in order to effectively initiate and sustain this process.

### **Building on Best Practices: What Does This Look Like in Practice?**

The California Youth Connection and Bay Area Academy have developed a curriculum for social workers and caregivers in working with transitioning youth.

- *Comprehensive assessments for use in development of Transitional Living Plans are available through Daniel Memorial, Casey Family Programs and other sources*
- *Countywide Foster Youth Services offers assistance in gathering educational records and acquiring the credits necessary for graduation*
- *Los Angeles County provides a public access website designed and maintained by youth and focused on independent living resources*

### **How Do We Get There?**

The key implementation elements for Preparing Youth for Success in Adulthood include:

- Inclusive and Comprehensive Case Planning
- Systematic Preparation for Transition

In addition to the references to these elements included above, the specific steps required for making them operational within counties are provided in the **Redesign Implementation Guide**.

## **OBJECTIVE SIX: AFFECT CHANGE THROUGH WORKFORCE EXCELLENCE**

An overriding intention of Stakeholders is to ensure that California's child welfare workforce and its child welfare partner community are prepared and supported to help children and families reach positive outcomes. To bring about these results and sustain this vision of the child welfare system, it requires bringing people together to create strong families where children are safe and have futures filled with potential, resiliency and hope. Building these expanded relationships to support families in their own communities will help to secure the safety and well-being of all children. These relationships depend on the time, talent and teamwork of people across an expanded child welfare workforce to apply expertise, experience, commitment and compassion to unlock the potential of those they serve. The Redesign's success hinges on preparing and supporting child welfare caseworkers, supervisors and partners for the challenges and opportunities ahead.

The Redesign holds several key imperatives for the workforce.

- The workforce will be fortified with new partnerships at the state, county and community levels.
- Greater levels of education, training, support and resources will expand and strengthen skills and competencies needed for the new directions of the Redesign.
- Promising practices, strategies and tools to intervene effectively at all stages of the service continuum will be evaluated and made available to the workforce.
- Critical support for making the organizational culture shift will accompany each Redesign implementation phase.
- New mechanisms of accountability will be integrated throughout the system to ensure that all energies, time and resources are focused on the ultimate goals of safety, permanence and well-being for all families and their children.

The primary technology and strength of the child welfare system is the healing influence of human relationships. The contribution of each person in relationship starts with the workplace, both inside and outside Child Welfare Services. By preparing the workforce at every level to successfully support the Redesign, all aspects of the system are applying their knowledge, skill, experience and resources to achieve child and family outcomes. In the current system, the tendency to focus narrowly on simply improving the skills and performance of caseworkers is not sufficient. While caseworkers are



central to a high performing system, they are only part of a success formula that includes attending to the entire workforce—both vertically and horizontally. Direct Service performance will only be as strong as the system that surrounds it.

### Shifting Organizational Culture

The first step in bringing the Redesign into reality is to start moving the organizational culture toward the Redesign vision. Although the degree of change may look different in each child welfare program across California, it is the people in the workforce of each location that will ultimately shift the current climate into the redesigned system. To that end, the following principles for organizational change have been identified:

- Promote the value and benefit of implementing the Redesign. This must begin with the executive leadership level in order to engage the broadened workforce in sharing this vision.
- Prioritize building workforce capacity and expertise to achieve results – learning is essential to sustain long-term change in workforce competency. It is imperative that sufficient opportunity, time and support for learning are readily available.
- Communicate how the Redesign vision will be manifested locally to include what roles will be played by CWS and its partners.
- Involve those who will be most impacted by the organizational culture change from the Redesign on the implementation planning team.
- Objectively assess current reality and readiness for change – understand the current culture and identify how the overriding goals of safety, permanence and well-being for the families and children can be achieved in the organization.
- Stress that small shifts can have a dramatic effect on creating profound change – encourage opportunities for individuals to design, initiate and implement their own incremental changes.
- Align the organization in terms of structure, operations and partnerships to reflect the shift towards the principles and practices of the Redesign.
- Continually seek feedback from the community stakeholders to ensure the process stays on course.

The full report of the Workgroup (located both at the CDSS website at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov) and the appendix section published under separate cover) provides additional guidance and strategies to implement the necessary organizational culture that will launch and sustain the Redesign over time. Also, several examples of successful organizational change initiatives in California counties and elsewhere are described in sidebars titled, “**Learning by Example**” to promote the power of sharing experiences among peers.

## Creating the Capacity for Change

For the Redesign to be embraced as relevant and useful, it must be viewed by the existing child welfare workforce as a solution to the current stress on the system. Current caseloads are unrealistic for the scope of activities currently assigned to social workers, much less the new directions of the Redesign that call for increased collaboration, more comprehensive assessment and deeper relationships with children and families. Unmanageable caseloads are an integral factor to consider when addressing the present child welfare system. High caseloads need to be relieved to free up time, energy and attention toward the new philosophy and practices of Redesign. It is difficult, if not impossible to ask people to try something new or make a change to their existing work structure when they are overwhelmed by their current assignments. In addition to the imperative to move towards accepted caseload standards that fall within the range established by the Child Welfare League of America (CWLA), the California Workload Study (SB2030) and the Council on Accreditation (COA), there are other factors that will help ensure implementation of best practice at the direct service level:

**Case complexity** - Circumstances of a case vary widely in terms of risk level, child and family functioning and intensity of services. Comprehensive assessment with periodic updates becomes an essential method to determine the relative “weight” of the case as well as the level of effort required to intervene effectively.

**Experience and skill of worker and team** - Matching level of experience with intensity of case is a key element in workload manageability.

**Intervention effectiveness** - Since each case is a unique set of circumstances, all team partners need to be informed, prepared and supported to know which interventions will be most effective for the child and family’s needs to move the case towards a swifter and more beneficial resolution.

**Workplace/Partnership efficiencies** - Necessary characteristics of the workplace environment such as regular and effective supervision, administrative support, elimination of non-essential tasks and generally protecting the time of staff involved will assist to streamline efforts and improve communication.

**External demands** - Many times workload can be affected by demands outside the domain of the case assignment. These non-case related activities can be important or a significant distraction and burden. The Redesign recommends introducing new strategies in the areas of supervision, team consultation and mentoring to encourage allotting sufficient time and attention to current case assignments.

There is no one answer to solve the issue of workload manageability—the key lies in continually blending and assessing all strategies from providing more flexible funding

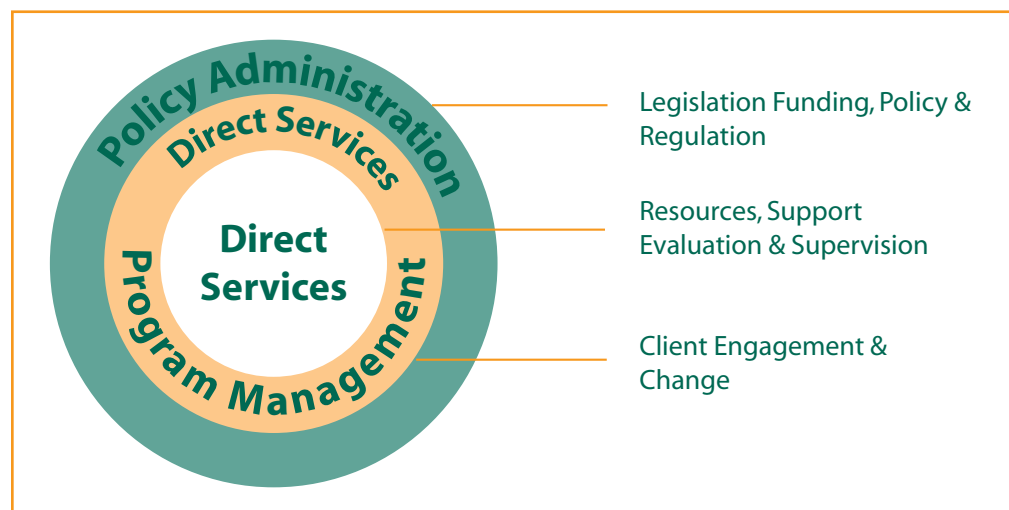
to protecting the caseworker's time; all options must be considered for relevant and meaningful change with the paramount outcome of stronger relationships with children and families being served.

### **An Expanded Definition of the Child Welfare Workforce**

Bringing together the players to ensure the safety and stability of children and families requires a new definition of child welfare workforce. This includes clarity not only about what functions are essential to reach this end, but also what combination of individuals, organizations, agencies and systems need to be brought together to strengthen families and protect children.

There are three distinct operational levels at work to perform a range of functions within child welfare (see Figure 7 below).

**Figure 7: Functional Scope of Child Welfare Workforce**



First, Direct Service is at the core. This is where the critical purpose of child welfare is played out through the essential activities of client engagement and change. Performing direct service requires involvement from multiple players as many functions are carried out at this level, including assessment of families' strengths and needs; safety response; planning and delivery of services and supports, including out-of-home care for children; legal sanction and oversight of child welfare involvement in families' lives; and other case-related functions.

In the current system, attention to workforce development tends to focus narrowly on improving the skills and performance of caseworkers—the group who have traditionally been at the receiving end of public scrutiny and blame when case decisions result in negative outcomes. While caseworkers are central to a high performing system, they, in fact, are only part of the system. To complete the picture,

two other functional levels exist to support this direct service function and are critical to its success.

The next level is Direct Service Program Management. It comprises the functions that provide support, resources, evaluation and supervision to ensure direct services are sufficiently supported to be successful. This level is critical to setting the tone for the organizational climate both within the child welfare agency and across partner systems. Through the leadership of those within this segment of the workforce promising practices are promoted, effective use of multidisciplinary direct service teams is encouraged and a healthy working environment is created.

Finally, there is the functional level that provides the auspices for the direct service function to exist in the first place. This Policy Administration level encompasses a broad range of functions from securing the enabling legislation needed to sanction the role of child welfare as a governmental and (under the Redesign) a community responsibility, to the funding allocation needed to run the programs to the policy and regulatory environment that is needed to provide rules and boundaries for the role Child Welfare Services and others play in achieving safety, permanence and well-being for children and families.

### **Span of the Child Welfare Workforce**

As we look ahead to the Redesign, where Child Welfare Services will not be alone with the responsibility to ensure the safety and well-being of children and families, the composition of the child welfare workforce necessarily expands as well. California is a state supervised and county administered child welfare system where the players involved in child welfare fall into three domains:

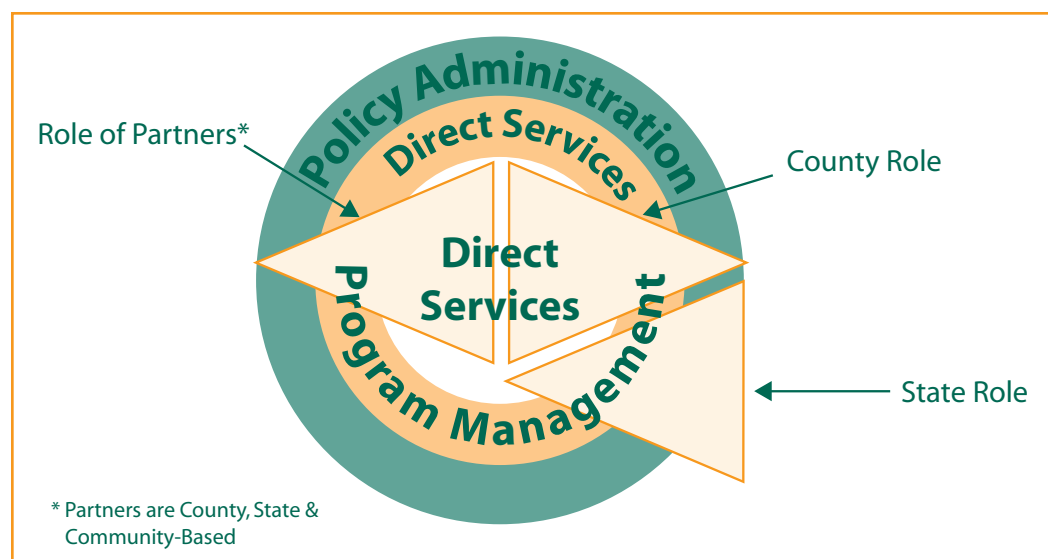
- **County child welfare workforce and partners** – Personnel employed by county child welfare agencies who serve children and families directly and perform the core functions of administering child welfare services in each county in California. This domain also includes other public partners at the local level, such as schools and education districts; boards of supervisors; county juvenile court personnel, including judges, attorneys, Court Appointed Special Advocates (CASA) and probation officers; public health, mental health, income maintenance and housing departments; and local philanthropic organizations. These entities and many others, engage with county child welfare services to perform, oversee and provide local authority to ensure the safety, stability and well-being of children and families.
- **State child welfare workforce and partners** – Personnel employed by the California Department of Social Services who perform the core functions of supervising child welfare services through providing support, technical assistance, program evaluation and resources to county-level direct service

operations throughout the state. This domain also involves state level partnerships with other systems to ensure efficiency, effectiveness and quality in child welfare occurs on a statewide scale. Examples of partners include Departments of education, mental health, alcohol and other drugs, health, housing, income maintenance and employment who coordinate resources and services; the state legislature who support child welfare objectives through law and fund appropriation; various statewide commissions, councils, advisory panels and associations who influence child welfare policy; the statewide philanthropic community who invests in child welfare results; the federal Administration for Children and Families who provides resources and sets national policy, including outcome expectations for child welfare in all states; California university and community college systems who produce research to inform field practice and administration and educates the workforce to serve child welfare roles.

- **Community-Based child welfare partners** – Individuals or organizations with which County and State child welfare agencies collaborate to perform case-related child welfare activities to serve children and families through social, legal, cultural and economic means. Examples include contracted private service providers, community-based agencies, resource families (foster care providers and kinship care providers), private child welfare agencies or treatment facilities, health care professionals, mental health professionals, recovery specialists, faith-based organizations, other neighborhood natural support systems and, of course, families and youth.

All three of these segments of the workforce play roles that cross-over the functional areas described above. Figure 8 below illustrates this overlap.

**Figure 8: Shared Responsibilities across Child Welfare Functional Areas**



## Fitting the pieces together

When considering workforce preparation and support in the Redesigned environment, a holistic view of the system, its players and who needs to be prepared and supported in what ways becomes essential. Operationally, each child and family who enters the child welfare system becomes part of a network of individuals and organizations that have a stake in ensuring the safety and well-being of that family.

Each member of the workforce needs to see himself or herself as part of a single, seamless, integrated system whose purpose is to help children and families reach positive outcomes. In the Redesigned system, the child welfare workforce needs to operate much like an intricate puzzle —working in concert to find the right solution to meet the unique needs of each child and family encountered.

## Setting the Stage for the Multi-Disciplinary Team

Another area essential for workforce success is to clarify the roles and responsibilities that the expanded workforce will play in the Redesign. Traditionally, when one thinks of the child welfare workforce, the CWS caseworker comes to mind. In order to ensure sustainable success of the Redesign, the direct service level must be defined in terms of the team of players (e.g., birth and resource families, service providers, law enforcement, juvenile courts and other community organizations) who, along with the caseworker, fulfill the direct service function.

By defining the essential functional roles at key points along the service continuum for each child and family, it becomes clear that a team approach provides the flexibility and array of expertise that clients deserve. The general roles and array of players of the Redesign have been defined as a way to help counties match their workforce strengths with case needs. By “thinking outside the box” about who on the team is best suited to play each role, a profound opportunity exists to broaden responsibility from a single case manager to an interdisciplinary team.

Effective implementation of the Redesign also relies on other essential roles across the supervisory, management and policy administration levels of the workforce. These roles have also been defined to emphasize that direct service depends on a broader context in order to effectively carry out those aspects of the Redesign that require resource, policy or regulatory change.

## Partnering with Resource Families to Achieve Child and Family Outcomes

By providing foster care and kinship care to youth, Resource Families contribute to quality child welfare services on many levels. On a daily basis, Resource Families are **caregivers** who nurture and guide youth toward achievement of their goals while





preparing older youth for successful transition to adulthood. On a program level, they serve as **teachers**, **mentors** and **coaches** to other Resource Families as well as birth families on what it takes to maintain strong families and successfully parent children who have experienced the loss and disruption of maltreatment. On a strategic level, they are **advisors** who help improve the child welfare system by sharing their insights on policy development, program evaluation and planning efforts. At the community level, they are **advocates** for the needs of youth in their care and for the benefits of foster and kinship care in general. Most importantly, Resource Families are valued members of the intervention team. As **team members** they deserve the preparation and support necessary to be effective in all the important roles they play. To fulfill these roles and thrive as an integral member of the case planning team, partnering with Resource Families successfully involves:

- Make the terms of the partnership clear.
- Train and support Resource Families to be successful.
- Help the Resource Family to “know” the child in their care.
- Model and reinforce a supportive working environment.
- Recognize families for a job well done.
- Be flexible to address the unique support needs of kinship caregivers.

By articulating the essential functions the workforce needs to perform in the Redesign, it becomes clear what skills will be needed to carry out those roles.

### **Building Competence in Direct Service Teams**

Working at the direct service level in the Redesigned system, there are several areas of knowledge, skill and attitude that will be essential for successful implementation of the Redesign. Direct service teams will bring together expertise across multiple disciplines and require initial and ongoing training in the following topics:

- Teamwork and decision-making
- Family-centered practice
- Fairness and equity in practice decisions
- Comprehensive child and family assessment
- Outcome-oriented case planning
- Differential Response: customized responses and service interventions
- Continuity and permanence for all youth



- Collaboration across multiple disciplines
- Locating and maximizing use of community resources
- Concurrent planning
- Child and youth development
- Evidence-informed practice
- Accountability for results

In addition to these topic areas, training needs to concentrate on educating the workforce in how to apply the most effective practice techniques and strategies in working with vulnerable populations. This includes chronically neglecting families, families with very young children and homeless families. See the full report (located both at the CDSS website at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov) and the appendix section published under separate cover) for initial practice guidelines for working with these three populations. This can serve as a model for future work through the Practice Clearinghouse and Regional Training Academies to focus on other important vulnerable groups.

### **Building Competence at the Supervisory and Management Levels**

There are several parallel areas of skill that are essential for those segments of the workforce that are in place to provide leadership, resources, supervision and support to the direct service enterprise. Supervisors and managers should be trained in advance of those they supervise in the content of the above topics intended for the direct service teams. In addition, this segment of the workforce will require initial and ongoing training in the following topics, each of which are elaborated upon in the full report located in the appendix:

- Applying flexible funding strategies
- Practicing facilitative leadership
- Managing organizational change
- Supervising multi-disciplinary teams
- Fostering the desired parallel process throughout the organization
- Promoting evidence informed practice
- Supporting ongoing workforce learning
- Providing leadership to ensure fairness & equity
- Adopting an outcomes approach to accountability
- Leading by example

## Integrated Learning Systems - The Common Thread for Success

To develop and sustain a competent, effective and satisfied workforce depends on the ability to deliver the education, training, support and resources necessary for people to do their jobs well. Rather than performing jobs in isolation, they function as “intervention teams” where individual strengths are brought together to address the complex family circumstances identified by Child Welfare Services. It will take an integrated learning system to develop mastery of the knowledge base and the techniques and skills of each segment of the child welfare workforce.

*The Redesign calls for a multi-disciplinary learning community with all participating members sharing the same core practice principles, resources and training models to meet the common goals of safety, permanence and child and family well-being.*

When identifying principles in an integrated learning system, the galvanizing view is from a team approach. Although each tenet has merit in its own right, the true power for change comes from all principles working in concert to support and reinforce one another. Most important, the learning is **family-focused**, **child-centered** and **community-based** since the families have much to teach as well as learn. Through community participation, the learning system builds a visible presence in and from the community. There is a rich, **multi-disciplinary learning community** with all participating members sharing the

same core practice principles, resources and training models to meet the common goals of safety, permanence and child and family well-being.

Resources are enhanced by **ongoing research and evaluation** and these resources are **coordinated regionally** with other regionally-based mechanisms such as community colleges and family support centers. There is a commitment to continuous **quality improvement** to monitor (and correct, if necessary) the local learning system to ensure optimal outcomes for children and families. Finally, all aspects of the learning system are anchored by an **accountability and outcomes framework** to promote and evaluate the learning objectives of each county environment. It is only through diligent accountability that the learning system can truly serve the best outcomes for these children and families. That framework will stress the demonstration of proficiency through people's actions and relationship to families, not simply the raw measurement of data as the sole indicator of success. In order for the Redesign to ensure valuable shifts in the system, there must be recognition that all areas impact as well as support each other. In other words, just as the strength of the family does not rest with one individual, the strength of the child welfare system draws from the value, perspective and expertise of all areas within the continuum of support and care for children and their families.

By embracing these fundamental principles and core strategies, the entire child welfare system can support a sufficient, capable, satisfied and effective workforce to help families and children reach desired outcomes. Through the Redesign, a greater understanding of the complexity and diversity of each child and family unfolds. The rich and unique nature of the family is parallel to the diversity within the system as well as the fabric of each community. Our willingness to tackle the issues of class, race, gender and economic disparity that impact families' ability to sustain lasting change is an opportunity for us to unlock their potential as well as our own. The challenge is for the organization to respond to this diversity and become dynamic, positive learning environments where the spirit of growth and change supports the belief in renewal, strength and stability that is the birthright of each and every child and family we are called to serve.



## **OBJECTIVE SEVEN: STRENGTHEN INTERAGENCY SYSTEM COORDINATION: BRINGING PEOPLE TOGETHER TO MAKE CHANGE HAPPEN**

### **What System Changes Are Called for in the Redesign?**

To construct any new house, the design not only requires a blueprint to guide the way, but also assurance that the dwelling becomes integrated into the context of neighborhood and community. This requires acceptance and authority to break ground, connection to common resources to provide energy, water and services to the home, and the people and means to ensure the plans take shape as intended. In the end, the new residence becomes part of the landscape, with the outcome of improving the environment for all.

Similarly, the new vision for child welfare system must be realized in a context. While shifts in child welfare practice and infrastructure are at the heart of the reform, these changes depend on broader, systemic changes to be fully realized. This section lifts out and describes select system changes, called for in the Redesign, that are not elaborated elsewhere.

The population served by the child welfare system is affected by a variety of issues that are addressed through a number of different systems. To best meet the needs of the families served by these multiple systems and achieve positive outcomes, it is imperative that there exists a well coordinated inter-agency system that is:

- family-focused and responsive to the needs of family;
- user-friendly and easy to navigate;
- engaged with and supported by the broader community;
- highly integrated and provides quality services that are easily accessible by the family;
- supported through multiple funding streams leveraging multiple systems' jurisdictional spending authority; and accountable for measuring common outcomes

*Too often, workers are unfamiliar with families served (or eligible for service) by other systems resulting in missed opportunities for coordinated services and prevention activities.*

The population served by the child welfare system is affected by a variety of issues that involve a number of different human service systems. It is impossible to achieve favorable outcomes with families without considering and responding to these other co-occurring issues. Breaking down the walls around the child welfare service system, as envisioned through the CWS Redesign, results in the engagement of other support systems in the prevention of child maltreatment while at the same time

accessing, through partner agency resources, a variety of services for shared clients.

Interagency system coordination provides a variety of benefits to families and children. A coordinated system is less confusing and more accessible to already overwhelmed families. Joint planning and case coordination brings enhanced resources to achieve shared outcomes, helps reduce duplication of effort, and avoids the imposition of conflicting demands on families. Above all, a coordinated approach allows the needs of families and children to be addressed thoroughly and holistically, increasing the likelihood of success.

A number of efforts at building these partnerships have been undertaken at the local level. However, without some federal fiscal policy changes and state-level infrastructure to support local activity, it is difficult to move these efforts beyond a few isolated pockets of practice. In Redesign, building a state-level infrastructure to support communication and work among various systems is essential to effective interagency coordination of services.

Moving forward in this direction begins with state-level leadership; developing the channels of communication and coordination within and among agencies, creating an on-going forum for dialogue, problem-solving and shared accountability. Coordination across systems requires specific focus and intensive work, bringing the key participants to the table, creating a shared commitment to outcomes, and developing and implementing specific steps, including changes in fiscal policy, necessary to achieve effective integration. In the areas of economic assistance, work preparation and substance abuse, many counties in California have begun to coordinate these services with CWS. Other promising practices in counties have included the engagement of the Judiciary in discussions related to specific changes needed to create a family-focused system that is efficient, well integrated and effectively meets the need of families.

## STATE LEVEL PARTNERSHIPS

Three specific state-level activities have been developed to assist with the implementation of the Redesign across the state: (1) The State Child Welfare Interagency Team, (2) The CDSS/Foundation Consortium Public/Private Partnership, and (3) Champions For Children.

### The State Child Welfare Interagency Team

A critical element for successful Redesign implementation is the support counties need from the state in identifying and overcoming barriers to develop effective county-level partnerships. CDSS established the State Child Welfare Interagency Team to promote and support cross-agency work among systems serving families and children. Partners include representatives from: California Department of Social Services – Child Welfare and Welfare To Work (CalWORKs), Department of Alcohol and Drug Programs, Department of Mental Health, Department of Health – Children's Medical Services and Medi-Cal, Department of Developmental Services, Department of Education, Office of the Attorney General, and The Foundation Consortium for California's Children and Youth.

The group meets monthly and has explored the structure of each partners' system, its statutory responsibilities and how they are operationalized, and its expectations of clients and partners. Initial efforts have also begun to identify common populations, plan for improved coordination across systems to better serve shared client populations and to identify joint outcomes. The State Child Welfare Interagency Team has adopted the following vision: *"Safe, Strong Communities – Every Child Matters."*

The purpose of the Interagency Child Welfare Team is to provide leadership and guidance to facilitate full county implementation of improved systems that benefit communities and our common population of children and families. The Team promotes shared responsibility and accountability for the welfare of children and families by ensuring that planning, funding and policy are aligned across state departments consistent with the Child Welfare Services Redesign, to accomplish the following:

- Remove barriers to coordination of services to common recipients
- Promote outcome-based and strength-based approaches to practice
- Provide leadership in developing public-private partnerships
- Maintain local programs in difficult economic times
- Maximize resources for shared populations



## Public/Private Partnership

A second example of state-level partnership is The CDSS/Foundation Consortium Partnership. The CDSS and the Foundation Consortium have come together to identify the most pressing needs of implementation and how private sector support can leverage the substantial public investment that is being made in improving child welfare services in the state. The Foundation Consortium and its members have committed to raising \$ 10 million dollars over the next five years in private support to underwrite key training and technical assistance efforts, consistent with their values of focusing on the whole child, strong and inclusive community partnerships, flexible and sustainable funding, outcomes-based accountability and interagency coordination.

## Champions for Children

Lastly, the “Champions For Children” was formed from members of the CWS Stakeholders Group, the Regional and Centralized Workgroup, the Child Welfare Outcomes and Accountability Workgroup as well as those who worked on California’s Program Improvement Plan. Champions will now become an ongoing advisory body to support the implementation of the CWS Redesign, modeling the synergy that comes from working as a team. Champions will help shift organizational and community culture to a belief that change is possible and that we are all a part of the solution.

Please refer to the “Moving Forward” section of this document for a more detailed description of each of the state-level partnerships listed above.

## Organizational Culture Change

The Redesign of California’s child welfare system requires coordination with the vital experience, support, and resources of other systems to achieve its stated goals. Three critical systems affecting families in the child welfare service system are Alcohol and Other Drug (AOD) Programs, CalWORKs, and the Judiciary. Other key systems include: Domestic Violence, Mental Health, Health, Criminal Justice, and Education. These systems, in conjunction with other partners from the broader community, are integral for effective system-wide changes that will result in improved child and family outcomes.

However, there are many organizational culture issues that arise as efforts are made to improve CWS connections with the courts, AOD and CalWORKs agencies. Considering each agency has different screening and assessment tools, eligibility standards, definition of who the client is, training programs, and measures of outcomes, it becomes difficult to achieve family-centered practice without addressing these differences in practice and perspective.

These barriers are more than minor administrative inconveniences; they go deep into the personality of the agency. Just as changing personalities is hard, uphill, time-consuming work, so is changing organizational culture—which is really the personality of the agency. Taken together, these barriers compose the culture within which each of these agencies operate. Changing culture demands more than changing training curricula or information systems. It requires a strong commitment at the highest levels of each human service agency to work in partnership with others to efficiently harness all available resources to best meet the needs of shared families, as well as those families at-risk of harming their children. Family-centered practice is both an arena that can test organizations' current culture, and a new set of demands that these cultures be widened and broadened. Viewing the family holistically and listening to their entire range of strengths and needs as the starting point for services and supports, is itself a culture change. But without that perspective, incomplete diagnoses and fragmented services and supports inevitably win out.

The following sections illustrate systems integration between CWS and the domains of AOD, CalWORKs, and the courts. These efforts can serve as models for the way in which equivalent discussions and processes can be undertaken in such other areas as domestic violence, mental health, education, law enforcement and others.

## ADDRESSING THE NEXUS OF ALCOHOL AND OTHER DRUGS AND CHILD WELFARE SERVICES

*The intersection between child welfare and substance abuse is critical to achieving positive outcomes.*

Parental addiction is one of the most common reasons for entrance into the child welfare system. As many as two-thirds of all parents entering the child welfare system are affected by substance abuse, and over the past decade hundreds of thousands of California children have been affected by prenatal and post-natal effects of their parents' use of alcohol and other drugs. Many women with alcohol and drug problems also have

histories of physical or sexual abuse, mental illness, and co-occurring physical illness, such as HIV/AIDS.

Studies have shown that treatment is effective for families involved in the child welfare system. Despite limitations in the availability of services, treatment has been shown to reduce alcohol and drug abuse and lower health-care costs, as well as increase family functioning. However, for communities to effectively respond to substance abuse problems, services must exist and be accessible at the community level. The CWS Redesign envisions that through effective leadership, the broader community may be mobilized to establish and maintain the family centered practices of care to serve families and prevent the need for interventions that involve law enforcement and the courts. In order to realize the goal of improving outcomes for children and families coming to the attention of the CWS, it is abundantly clear that there exists a need to shift our approach to working with families. An accurate and comprehensive determination of family need, supported by timely, individualized and effective services that build on the strengths of the family will generally support improved outcomes.

Many of California's counties have developed nationally recognized models of responding to AOD problems of CWS children and families. At the county level, ongoing discussions between three key parties—CWS, AOD and the Dependency Courts—have been underway for more than seven years and provide a foundation for needed statewide efforts. At the state level, support for these county-level innovations will require dedicated staffing and a multi-year plan to support critical connections between and among the three systems .

Support may also be available through universities and federally funded organizations such as the Children's Bureau's national resource centers and the Addiction Technology Transfer Centers funded by Substance Abuse and Mental Health Services Administration (SAMHSA). These agencies can accelerate the learning curve of counties that have not gotten as far as the leaders, but are in a

new state of readiness to respond to portions of the Redesign that are less costly. Private and federal funding for such an effort may be essential to sustain the ties already in place and to help counties that are ready to move to the next level of collaboration.

### **Statement of Shared Principles Between CWS & AOD**

1. Alcohol and Other Drug (AOD) abuse undermine family stability and negatively affect child safety, well being, and emotional development.
2. AOD abuse must be addressed in the context of other issues, which may be affecting the child, adolescent and/or parent including parenting, domestic violence, health, mental health, criminal justice involvement, nutrition, housing, family services, education, and employment.
3. Early and effective intervention for AOD abuse and related problems among families involved in Child Welfare Services (CWS) contributes to better outcomes related to safety, child and family well-being and permanency.
4. When AOD/CWS involved families have access to a full continuum of prevention, intervention, and continuing care services that are neighborhood-based, delivered in a timely manner and responsive to the needs of all family members, most families can reduce risk in their lives and achieve self-sufficiency.
5. Interventions and decision-making for AOD/CWS involved families should be based on a thorough, strength-based and holistic approach to assessment, which includes addressing the impact of AOD use on child safety, child development, parental competency, and self-sufficiency.
6. Empowered families are capable of defining their needs, identifying their strengths, and actively participating in the development of case plans.
7. At the same time, addiction raises some particular impediments (e.g. stigma) to families' willingness to invite some services into their lives, such as AOD treatment.
8. Removal of children from AOD involved families should only occur when there are no other options to ensure the child's safety; in such instances, parents should receive timely and appropriate AOD services so as to expedite reunification.
9. AOD/CWS parents must be held accountable for maintaining expectations of compliance with case plans and court orders, while at the same time, be treated with dignity, understanding and fairness.

### Statement of Shared Principles Between CWS & AOD (cont.)

10. While sobriety is an appropriate goal for parents who abuse or are dependent upon AOD, recovery is a lifelong process for those with addiction and may include an occasional relapse. Other measures of client success must also be acknowledged and valued.
11. Policies, programs and practices for children, adolescents and parents affected by AOD abuse should be responsive to their strengths and needs, culture, ethnic and gender identities, and address inter-generational abuse and neglect.
12. People who serve AOD/CWS involved families should have the knowledge, skills, tools, empathy, and resources to help achieve positive outcomes.

### Urgency: the Four Clocks

#### THE FOUR CLOCKS



*Adoption and Safe Families Act (ASFA)*



*Temporary Aid for Needy Families (TANF)*



*AOD Recovery*



*Child Development*

As described in Child Welfare League of America publications, it is critical to recognize the importance of timetables in the lives of children and families and in the deadlines faced by agency staff. Organizational reform can sometimes operate at a deliberate pace, which does not always take into account either child development or agency mandates. For example, postponing a developmental assessment for a young child affected by substance abuse can mean that a sizable portion of that child's life goes by without an in-depth appreciation of the developmental effects of substance abuse on that child.

The developmental timetable matters a great deal, the Temporary Assistance to Needy Families (TANF) two/five year timetable matters, the child welfare timetables as altered by Adoption and Safe Families Act (ASFA) matters, and the timetable of recovery—"one day at a time, for the rest of your life" matters. But agencies do not have the luxury of debating these in periodic meetings that may stretch out over several months—because the clocks keep running and the effects on children keep happening. Thus a greater sense of urgency is important in organizational reforms that are affected by these timetables.

## Why Should AOD Agencies Respond to the Needs of Children and Families?

*Substance abuse is a significant factor in approximately 80 percent of child maltreatment cases.*

From the vantage point of child welfare agencies, it is obvious that they need help from treatment agencies in responding to substance-abusing parents. But a second question needs addressing: Why should AOD treatment agencies respond to the needs of parents and children in child welfare families any differently

than any other potential clients?

Like all agencies, AOD agencies are under a set of cross-pressures for treatment resources for several different groups. The good news is that a growing number of agencies outside the field of AOD treatment have come to recognize that treatment does work, and have successfully sought additional treatment resources for clients of the criminal justice system, the juvenile justice system, mental health systems, vocational agencies, and others. Substance Abuse Prevention and Treatment Block Grant (SAPTBG) resources have clearly become stretched too thin to cover these growing requests (which are actually demands, in the case of the court systems) for added treatment assessment, slots and services.



So why should children and families be more important to treatment agencies than any other group? There are at least six answers that can be offered for consideration by AOD agencies.

### 1. Added Resources

The reality of limited resources provides the first part of the answer. AOD agencies will need to cooperate more actively with agencies serving children and families *in order to command additional resources* from those agencies. Slicing the federal Block Grant more and more thinly across ever expanding groups is not a recipe for program impact or effectiveness. But there is abundant evidence from the most active sites that have developed an AOD-CWS-Court partnership that such partnerships can mobilize additional resources for AOD clients that AOD agencies cannot achieve on their own. Such partnerships have tapped MediCal, TANF, IV-E (CWS), Proposition 10 funding, Proposition 36 funding, and other sources.

### 2. Shared Clients

The notion that AOD agencies are being asked to “give priority to another agency’s clients” is faulty considering the extensive overlap between AOD caseloads and the caseloads of mental health, CalWORKs, child welfare, and juvenile and criminal justice



agencies. Persons with addictions end up in multiple agency caseloads because they have addictions that lead them to personally destructive and anti-social behavior.

### **3. Future clients**

The third response to the question “Why children and families?” is that comprehensive treatment focused on parents is an extremely effective way of preventing further AOD problems among the children of substance abusers (COSAs). Treatment for parents is prevention for their children. The growing literature on COSA-targeted programs makes clear that a variety of successful approaches can be adapted by AOD agencies that have recognized that services for parents without services for their children ignore the family-systems nature of AOD problems.

### **4. Expertise and effectiveness**

AOD agencies have gained valuable experience over the past decade in a series of federally and state-funded demonstration projects, including the extensive network of peri-natal projects. The most effective of these have secured up to 40 different funding sources for their work, both a credit to their skill in resource mobilization and a painful reminder of the workings of the categorical funding system. Beyond their grant successes, however, is the programmatic track record in successful treatment and recovery achieved by a large majority of the clients of these programs. AOD agencies should use their hard-won expertise to help child welfare agencies because they have the skills and experience to ensure that child welfare agencies don't misallocate scarce treatment dollars to ineffective, poorly designed programs.

### **5. Quality assurance**

There is a substantial risk that the trend toward creating AOD treatment services in CalWORKs and CWS will accelerate if AOD treatment agencies are not responsive; several counties have already used their own child welfare funding to set up separate contracts that are not tracked through the AOD information systems. On the one hand, this is an example of positive leverage, but if it is used for services that do not have to meet the same standards as AOD-funded services, there may be an overall impact on quality—and on the credibility of the AOD agency as it gets left out of a major service priority for the state and county governments.

### **6. Accountability**

On the question of accountability trends, the Redesign recognized that three major changes seem likely to impact AOD agencies' need to work more actively with parents and children:

- The Treatment Outcome Pilot Projects/California Outcome Measurement System and federal Performance Partnership Grants processes, as they



strengthen the state and provider's capacity to monitor the outcomes of treatment more effectively, while encouraging AOD providers to improve their own information systems;

- The time limits in both TANF and ASFA as they demand better, faster results and the information systems to determine whether those results are being achieved; and
- The changes in child welfare outcomes—both federal, under the Child and Family Service Review process, and California's, under the Outcomes and Accountability Monitoring System (AB 636)—that seem likely to move in the direction of more comprehensive assessment and monitoring of the effect substance abuse has on children in the child welfare system.

Each of these represents a move toward deeper results-based accountability. Taken together, they add considerable weight to the efforts of leading providers and some states to hold AOD agencies accountable for services to parents and their children. These improvements in information systems and in the visibility of the role of children and families in the AOD systems means that there is a potential for a growing body of data on how well children and families are doing in AOD treatment agencies' caseloads. If children and families are included in these information system reforms, the data on how they are doing will be better. If they are excluded, their omission from a new system of accountability will be even more obvious.

### **Reinforcing Features of CWS Redesign**

Redesign has created components that reinforce needed changes. For example, in CWS and AOD agencies these include the following components, listed on page 114.

### **Further Developing Evidence –Based CWS/AOD Practice**

The Redesign recognizes that substance abuse has profound effects on child abuse and neglect is evident in practices throughout county and private agencies in California. But achieving an adequate response to that recognition requires sustained, multi-year, strategic efforts.

Consider the following with regard to “evidence-based practices with good outcomes”:

- There is great strength of practice in AOD-CWS-Dependency Court intersections in California as evidenced in numerous (but not yet all) counties, better practices have been adopted: training has been improved, new and improved data systems have been developed and used to collect aggregate information unavailable from state-mandated systems, workers have been out-stationed in CWS agencies and courts to engage clients and screen

CWS Redesign Feature	Impact on CWS-AOD Bridge-building
Community Partnerships	<p>Provides an orientation to community-based AOD services and supports, including self-help groups.</p> <p>Provides an opportunity for fuller use of other agencies' resources needed by substance-abusing parents and their children, including domestic violence prevention, mental health services, and developmental services for children.</p> <p>Emphasizes agency co-equality rather than a "lead agency" attitude from which other agencies tend to back away and revert to their own priorities defined narrowly.</p>
Differential Response Intake System	Provides an emphasis upon effective screening and assessment that can identify substance abuse before it becomes a crisis, enabling timely referral to appropriate and effective services.
Workforce Investments	Provides the cross-training and the collaborative outlook that enables workers to function as teams in responding to AOD problems, rather than feeling that it is beyond their control or someone else's exclusive responsibility.
Accountability	<p>Provides an orientation to effective services rather than merely "making a referral".</p> <p>Enables assurances to funders and courts that scarce resources are used well for best practices programs.</p>
Funding Reforms	Provides awareness of the multiple funding sources for treatment and an emphasis on redirection of existing resources, as well as mobilization of community resources, rather than always relying on new funding and under-referring when it is not available.

clients for the severity of their addiction, and multi-disciplinary teams have used formal and informal case conferences to make faster, better-informed decisions under ASFA timetables.

- At the same time, public funding and legislative mandates do not include adequate research and evaluation funding to ensure that a California-specific

program can be fully designated “evidence-based.” Asking for evidence-based practice conveys an unspoken premise—that in California, we value such practice. Counties and private providers who take the risks of innovation should be given the support needed to document whether the innovation is effective.

### ***Short-term Policy/Practice Options***

Resources are always an issue, in fiscal good times and bad. Among the recommendations that follow, however, are several that are possible to carry out as low or no-cost options. These include:

1. Develop an ongoing state-level forum among CDSS, DADP, and Dependency Courts to address these issues on a regular basis, with an annual revision of a strategic plan that addresses resources across the entire state government
2. Revise IV-E-funded training curricula so that training programs build upon best practices already in effect in California counties
3. Continually review Program Improvement Plan for AOD content and revise to include content from the Redesign report
4. Add AOD content to the Independent Living Plan (ILP) guidelines currently under revision
5. Adapt model data collection instruments for use by county CWS and AOD information systems throughout the State and disseminate models and information on how the most advanced counties have developed their new forms
6. Establish a website for updates on AOD-CWS-Dependency Court issues among current CDSS and DADP contractors
7. Seek closer working relations with the State First Five Commission and develop prevalence survey for substance-exposed births; reframe Commission's “special needs” project to include AOD issues for CWS families
8. Develop an annual all-funds inventory for treatment funding

A final point on resources: In developing deeper community partnerships, the Redesign encourages programs outside the boundaries of the CWS and AOD fields to address problems endemic in their caseloads, which may not be labeled as CWS-AOD issues but which include children and parents affected by substance abuse. These include already funded programs such as home visiting, family support programs/Family Resource Centers, early childhood screening efforts, and parent education, as well as newly funded child abuse prevention initiatives under state and county First Five Commissions and other funding sources. In many cases, the

lessons of AOD-CWS collaboration could usefully be extended to these models, using AOD-specific screening and assessment approaches, in-service education curricula, inventories of treatment programs, and other tools that would move these programs toward a greater emphasis on the problems of children and parents affected by substance abuse. Such a redirection agenda would involve seeking an impact on leveraging existing programs, while seeking new resources as well.

## ***CWS AND CALWORKS: THE LINK BETWEEN CHILD MALTREATMENT AND POVERTY***

A host of research has established that poverty is a significant risk factor for abuse and neglect. Statistics from the past ten years clearly indicate that use of child welfare services is predicted by the Aid to Families with Dependent Children (AFDC) /Temporary Assistance to Needy Families (TANF) use rate, the unemployment rate and the rate of family poverty. Between 1993 and 2001, 60 percent of children in the California CWS system received AFDC or CalWORKs aid prior to CWS involvement. National research estimates that 90% of low-level neglect cases – which typically do not receive case-managed intervention – consist of parents who are already on AFDC (now known as TANF).

*Poverty is a significant risk factor for abuse and neglect.*

Additionally, research shows that children from families with annual incomes below \$15,000, as compared to children from families with annual incomes above \$30,000, were over 22 times more likely to experience some form of maltreatment. Despite the dramatic interface between poverty and child abuse, traditionally systems have not been set up to take advantage of this information so that services and resources may be leveraged to families served by both CWS and TANF agencies.

In California, integration of the two systems has begun through the CalWORKs/CWS Integration Project sponsored by the Stuart Foundation and endorsed by the Redesign. Thirteen counties are testing ways that alignment can result in better outcomes for families, including the following:

- CalWORKs services, such as substance abuse interventions, mental health treatment and domestic violence responses, help eliminate the need for families to be referred to CWS.
- Social Workers and Eligibility Workers can better help families provide a safe environment for their children and gain economic self-sufficiency by coordinating services and avoiding contradictory expectations for success.
- Resources provided by CalWORKs through cash payments and employment services often can assist families in establishing safe homes for their children thus avoiding the need for foster care.
- Even when children have been placed in foster care, under the CalWORKs family reunification provisions, enacted in 2001 by AB 429, CalWORKs can provide a variety of services that help rebuild families while they gain economic self-sufficiency so that children are returned home within six months.



- After families have reunified or completed Family Maintenance services, CalWORKs can provide after-care services, including child care and other safety net services to increase the likelihood that abuse does not reoccur.
- Older youth can routinely be assessed for and linked to CalWORKs support and services to support their transition to adulthood.

## Practice Principles

Practice changes that support coordination between CWS and CalWORKs include the following:

- The organizational structure of the social services agency, including CWS, supports and sets an expectation of coordination of services, and removes impediments to such coordination.
- CWS works with other county departments to identify and possibly prioritize clients they have in common.
- The agency establishes specific protocols for coordinated case planning between CWS and CalWORKs.
- Screening occurs outside of CWS with populations at risk of entering or re-entering CWS.
  - CWS screens families specifically to identify economic stressors that can increase risk of abuse and work with CalWORKs to offer services to reduce this stress.
  - CalWORKs workers screens for past involvement in CWS, as an indicator of risk for future involvement in CWS due to the stresses of poverty and unemployment.
- Services are offered to high risk clients to assist them in avoiding crisis.
- Expanding existing programs to provide tools and support to families at risk of entering the CWS.
- Cross-training between CalWORKs and CWS workers ensures effective coordination.

Tools that support coordination between systems are available. For example, The Resource Center for Family-Focused Practice, working with California Center on Research for Women and Families, has developed training curricula for coordinated case planning and basic orientation already in use in several counties.

## Promising Experience

Coordination between CWS and CalWORKs is more than a good theory—it is thriving practice in thirteen counties in California that are testing and perfecting a variety of ways to let families benefit from collaboration between these two systems. Here are some examples:

### **Screening**

When a Hotline worker determines that the referred family is receiving CalWORKs, a linkage is made to the CalWORKs worker who then provides additional social services tailored to family functioning as well as employment assistance, training and child care.

*Pilot Counties:* Merced, Orange, San Francisco, San Luis Obispo, Stanislaus

### **Planning**

The CalWORKs worker is part of CWS team, and workers combine efforts to coordinate assessments, case plans and services.

*Pilot Counties:* Orange, Santa Clara, Solano, Stanislaus, San Luis Obispo, Yolo

### **Plan Substitution**

The CWS plan is substituted for the CalWORKs plan, affording the client more time to address significant barriers (e.g., substance abuse, mental health issues) that contribute to both abuse and unemployment.

*Pilot Counties:* Del Norte, Santa Clara, San Luis Obispo, Orange

### **Infrastructure Change**

County CWS and CalWORKs programs develop a common vision and mission and specific plans for work together involving a variety of collaborative strategies including shared home visits, office co-location, and creation of intensive services units.

*Pilot Counties:* Alameda, Del Norte, Mendocino, Merced, Orange, San Francisco, San Luis Obispo, Santa Barbara, Solano, Sonoma, Stanislaus, Tehama, Yolo

Implementation of Redesign in counties can incorporate the lessons learned from these efforts. Coordination between CalWORKs and CWS within County Departments of Social Service will provide a useful foundation for development of effective integration between local departments and systems.



## THE ROLE OF THE COURTS AND CWS

*In the Redesign, there will be impetus and opportunity for more efficient and effective judicial attention to the children and families in the system.*

The Redesign recognizes the historical right of parents to be with and exercise control and direction over their own children. They are also dedicated to the protection of children from abuse and neglect and the prompt resolution of conditions that created the harm to a child in order to restore the family. When these conditions cannot be ameliorated they call for expeditious planning for an alternative permanent home for the child.

As in the current system, court involvement in a family will not begin until a petition has been filed. However, in the Redesign there is opportunity for more efficient and effective judicial attention to the children and families in the system through application of standardized safety assessments, less adversarial proceedings and team decision-making, to name a few. Although some changes will require statutory amendments, many improvements may be achieved without major changes to current laws.

It is particularly important that all Dependency proceedings be conducted with strict adherence to the principles of fairness and equity. The Redesign promotes that responsibility with new emphasis and dedication to those principles. The Redesign stresses that social workers, attorneys and judicial officers should be knowledgeable of and sensitive to, cultural and ethnic factors involved in every child's and family's situation.

The standardized safety approach laid out in the Redesign should be made available to every juvenile court judicial officer so that factors of the assessment leading to the agency's decision to file a petition will be easily accessible for analysis by the court. In addition, judicial officers should request that similar standards be applied at every review hearing for a child who has been removed from parental custody.

As a means to reducing the inherently adversarial environment of the courtroom, judicial officers will be encouraged to require trial briefs prior to contested hearings and offers of proof to narrow the issues that are in dispute and set appropriate limits on admissible relevant evidence. In addition, the emphasis on engagement rather than substantiation of allegations is intended to enable those families whose cases do come to court to enter the judicial system with a greater understanding of the system, less apprehension about the processes and, in spite of natural anxiety and concern, less confrontation.

Alternative Dispute Resolution, such as dependency mediation and family group conferencing, are two alternatives that could be used instead of formal court

proceedings to resolve disputes that arise at any point in a Dependency case. Mandatory mediation or settlement conferences at specific decision points may be appropriate after identification of those critical areas. The Redesign proposes that mediation and family group conferences prior to the determination that a petition be filed should be pursued whenever possible.

Team decision-making and involvement of community partnerships are other strategies that lead to less adversarial court hearings. Case planning that begins prior to the first court appearances and that is implemented through the assistance of community partners throughout the court involvement not only assists the court in its decision making, but will also insure that court ordered services are accessed promptly and effectively. Greater efficiency in service delivery helps expedite the resolution of cases and enables the courts to adhere to strict statutory time lines.

Fewer continuances and adherence to time lines are critical to the goals of the Redesign. Newly developed report formats are proposed to remedy the concerns by judicial officers regarding late reports and the resulting delays in court hearings. With the use of less adversarial approaches, alternative means of resolving disputes and enhancement of client representation, the Redesign anticipates that continuances will be denied only in exceptional circumstances and that time limits will be enforced.

*Fewer continuances and adherence to time lines are critical to the goals of the Redesign.*

Another recommendation related to timelines is for counties to adopt a variation of the Dependency Drug Court model, with the development of programs for prompt and appropriate treatment as a component. Underlying this model is the recognition that substance abuse alone is not a basis for dependency or removal of the child and that the Redesign approach of response and in-home services should be the preferred case plan when the safety of the child will not be compromised.

The Redesign suggests that the responsibilities and authority of law enforcement agencies and county welfare agencies be changed and that clear guidelines be issued to specify who may remove a child under what circumstances. Further, the Redesign recommends that procedures for removal should be established and codified. Police officers sometimes view protective custody warrants as requiring the same response as any other warrant, and, under current statutory language, they “arrest” alleged victims of child abuse and detain the child at the station or juvenile hall facility instead escorting the child to the social service agency or designated home.

The Redesign also recognizes that a child could be both maltreated and a perpetrator of a crime. When appropriate, in these cases, a court should be able to determine

that the best interests of the child, his or her family and the community will be promoted by concurrent dependency and wardship.

The Redesign does not see a need for changes in current timelines to establish dependency once a dependency petition is filed in juvenile court. In Redesign, the formation of the case plan is anticipated to begin as early as possible and to involve community partners, extended family members, experts as needed and others identified by the child and the family. Teams may continue to convene whether the child is to remain at home as a dependent, or is removed by a court order. If a child is removed from the home and reunification services are ordered, CWS continues to have primary responsibility to implement the plan, but community partners should be involved in service delivery and direct monitoring of progress, with a responsibility to report to CWS and the court at regular intervals.

Under the Redesign, communication among and between the court and agencies concerned with the children and families in CWS is essential. Counties are encouraged to establish protocols to facilitate communication. Confidentiality would be protected by current statutes that permit exchange of information among agencies serving children and families in common.

The Redesign envisions that concurrent planning would be initiated at the time of the original removal and continue throughout the case until the child is returned home or reunification services are terminated. Greater court oversight of concurrent planning is anticipated, with the understanding that family members or foster parents will be participating in the concurrent planning process. The Redesign suggests that quarterly reports to the court on the specific steps taken to advance both reunification and the alternate plans for permanence if the child cannot be returned home would be the ideal if there are resources to support this level of court involvement.

Redesign recommendations regarding those instances where reunification services are not determined by the court to be appropriate include making the needs of the specific child the primary focus of the case plan and involving family members or foster parents on the teams that prepare recommendations to the court. Community partners should be called upon to provide and coordinate services to assist the child to reach the most appropriate permanent plan.

The Redesign findings indicate that permanency will be better accomplished if the dependency court is also designated to be the adoption court for dependent children and the court that approves or disapproves post-adoption contact agreements regarding dependent children. Finally, a statutory change is recommended that would require the court to find that prior to any return of a child or termination of dependency there must be a comprehensive aftercare plan.

Training and education about the Redesign is planned for juvenile court judicial officers, attorneys representing children, parents and CWS, and court personnel. CDSS will work with judicial and attorney education providers to provide comprehensive instruction on the Redesign. Upon completion of a survey being conducted by the Judicial Council's Center for Families, Children and the Courts regarding present approaches to the representation of children and parents and caseloads for the attorneys, CDSS will work with the Judicial Council to develop recommendations.

While the CWS Redesign brings no changes to the fundamental mission to protect children, it does call for a concentrated focus on engaging communities to create connections so that families are able provide safety, permanence and well-being for their children and therefore affects everyone involved in achieving that mission. The juvenile court is positioned to take a leading role in encouraging and facilitating greater coordination among agencies and providers for those children who come to its attention.





## **OBJECTIVE EIGHT: EXPAND AND RESTRUCTURE CHILD WELFARE FINANCING: THE RESOURCE REALITY**

Over the past several years, government at federal, state and local levels have begun framing issues in terms consistent with a cost-benefit approach. The public health field, in particular, has applied “cost of disease” models to estimate the value of preventive health measures. These models can enhance decision-making by offering a rationale that is data-based and objective, as well as intuitively compelling.

*Any economic argument is simply a persuasive tool to remind ourselves of our shared responsibilities toward all in our community.*

One concern is that these arguments foster the view that prevention or intervention is the right thing to do only because it makes economic sense. However, the real force of the argument, at least in child welfare, has always been a moral one—to prevent child maltreatment, protect children, strengthen families, and achieve permanency for children.

As a society, we believe it is better to prevent problems than to fix them. Inherent in the concept of prevention is the notion of investment: by preventing problems, human as well as economic capital is freed for productive, creative uses. Others have quantified the favorable “return on investment” of various prevention strategies.

Concerted emphasis on prevention and early intervention contributes to better outcomes for children and families. Better outcomes, in turn, result in significant reductions in public expenditures that otherwise would have been incurred. There has been much progress in this way of thinking, which has resulted in a new set of opportunities for better understanding the impacts of investments—both human and monetary—for the well-being of our children and families.

Essentially, the Redesign describes and gives impetus for the means to improving outcomes that will be the return on our investment in the lives of families and children in our communities. Flexible funding to achieve these goals has been a central theme of the CWS Stakeholders. Ultimately, to achieve its promise, the redesign will require additional resources, especially those necessary to build community capacity and a team approach to working with families.

### **Lessons from Other States**

Stakeholders have learned a critical lesson in financing child welfare reform from two other large states that have implemented systemic reform efforts – Illinois

and New York. In both states, program reform and financing were interrelated and interdependent components of a larger objective. Both states were able to restructure elements of their child welfare financing to achieve reform objectives.

*\*\*In Illinois, a number of program reforms, including the introduction of performance-based contracting, resulted in reduced length of stays in foster care. The state child welfare agency was able to secure commitments from the legislative and executive branches of state government to reinvest these savings in the “front end” of the system. This meant that caseload size shrank, and then shrank again, as more savings were achieved and more resources were directed to staff responsible for the initial intervention that follows a hotline report. Intensive in-home services were added to the resource mix, so that there were resources available to try to keep children in the community with their families safely.*

*\*\*New York’s experience was similar. In 1995, the State capped the amount of money that each county received for foster care. Funding for preventive services (defined in New York as services provided prior to and after placement) was uncapped, limited only by the match contributed by the counties. With limited foster care resources, counties like Westchester began to focus on strategies that would reduce the flow of children into foster care, and to target resources to effective programs. Before and after a child was placed in the California equivalent of group care, an interagency consortium of public and private agencies in Westchester County met to develop a plan and harness resources that would prevent placement or expedite a child’s safe return to the community, so that foster care resources could be used as carefully as possible.*

The lesson from these two states is that child welfare program reforms and financing must be linked, and that the savings achieved as the result of implementing the Redesign must be left in the system in order to sustain the larger reform effort.

### **A Fiscal Training Academy**

Over the last three years, the CWS Stakeholders group has received input on how best to fund a redesigned child welfare system from its Flexible Funding Subcommittee, from participants at the 2001 and 2002 forums, and from the Children’s Committee of the County Welfare Directors’ Association. Repeatedly, the input focused on the need to provide fiscal training to both fiscal and program staff at the county level. In many counties, senior fiscal staff, who “knew the ropes”,



and had years of experiencing navigating the waters of complex state-county human services financing, have retired. In some cases, key positions have been left vacant, or filled with bright, but relatively inexperienced analysts and accountants.

A recommendation to implement a fiscal training academy was introduced in the initial Stakeholders report. This academy will play a central role in ensuring that counties have the resources and knowledge to restructure the financing of child welfare services. The fiscal academy is envisioned as an ongoing laboratory for operationalizing the fiscal strategies needed to support an outcomes-based child welfare system.

The fiscal training academy will be designed for program and fiscal staff together, will promote inter-county dialogue and support, and will encourage the participation of fiscal and program staff from CWS' partners in the Redesign – mental health, alcohol and drug, health, education, the private sector, and philanthropy. Engaging these partners increases the potential for restructuring child welfare financing as a continuing blend of public and private funds- and for building a very different kind of public-private partnership.

One of the goals of the fiscal training academy is to “level the playing field” – to make sure that all the participants have access to common information. The term “silo” is often used to describe current funding. The implication is that each agency or program is contained by its own rules and reporting systems, and there is little opportunity for learning other systems or for cross-pollination. One of the first tasks of the training academy would be to familiarize participants with the workings of all systems and funding sources that affect the child welfare system, and to create a common understanding of the opportunities and limitations each offers.

## **A Public-Private Approach to Financing**

The resource reality of the CWS Redesign is compelling California to develop a comprehensive approach to expanding and restructuring child welfare financing. This strategy involves a two-pronged approach. The first involves strategic partnerships with philanthropy to leverage public funds with private funds to create a better return on our collective investment on behalf of children and families. The second is a restructuring and realignment of State support with fiscal strategies for use by counties.

### ***Partnerships with Philanthropy/First 5***

Numerous public and private partners are responding to the vision of the Redesign to share responsibility, recognizing that the sharing of responsibility for outcomes also includes the sharing of resources. When the philanthropic community joins

forces with the public sector, it creates a win:win effect. The benefit for philanthropy is the opportunity to achieve more by leveraging private funds with public resources than could be achieved with private funds alone. For the public system, the benefit is increased flexibility and latitude to achieve objectives quickly and efficiently. And the benefit on children and families is... priceless.

*In Los Angeles County, for example, First Five has developed a proposal for the creation of an early intervention/Differential Response system focused on young children 0-5 in alignment with the CWS Redesign.*

Other funding partners with similarly aligned goals are needed to realize the full scope of the Redesign. One such partner is the First 5 State Commission. Local commissions can align with the child welfare agencies within their counties to address specific needs such as child enrichment activities, child care, etc.

Additional mutual benefits from the formation of public/private funding partnerships include:

- Makes shared responsibility a function of local partnerships
- Creates new revenue for reinvestment through leveraging opportunities
- Promotes a continuum of services that allows step-down levels of care
- Leveraging creates new revenue that can sustain early intervention efforts
- First 5 creates opportunities for linkage and revenue maximization for case management and treatment services
- Capacity of partners to contribute non-federal share of cost increases community responsibility

*The partnership between CDSS and the Foundation Consortium to promote, support and track the implementation process statewide has begun its joint work, and it is growing and evolving. Leadership of the two entities, including the Directors and a small number of senior staff, began meeting regularly in April. Agreement has been reached on three primary objectives: 1) to develop a coordinated and high quality package of support for the counties as they implement the Redesign, 2) to leverage each others resources in support of full implementation; and 3) to facilitate coordination of Redesign implementation across state agencies.*

*The philanthropic community will play an evolving mix of roles in this process consistent with the values of the Consortium. In addition to a role as a funder, with the goal of raising \$10 million dollars over the next five years, they will provide leadership, expertise and consultation, exercise oversight, manage and/or direct certain processes, facilitate and convene the state workgroup, and promote the alignment of philanthropic funding with the goals of the Redesign.*

### **Strategic Use of Public Resources**

In consideration of the recommendations for the Redesign laid out in the second year report, a set of ten fiscal strategies was developed to give county child welfare agencies and their public and private partners the tools needed to implement elements of the CWS Redesign. Combined with ongoing work in initiatives such as the CalWorks-Child Welfare Partnership, the restructuring of child welfare financing made possible with the fiscal strategies will provide the flexible funding needed for the implementation of the Redesign. Each of the ten fiscal strategies is based on efforts that have been undertaken elsewhere in support of restructuring the child welfare system.

### **Interlocking Strategies**

The strategies are linked to key elements of the Redesign, and encompass four interlocking areas:

- Spending Flexibility
- New Revenue Capacity
- Redesign Foundation
- Outcomes

*The purpose of the fiscal strategies is to optimally implement the Redesign across all sectors that will now share responsibility for child protection and child and family well-being*

#### Spending Flexibility

The *flexibility* made possible in the strategies creates opportunities for counties to sustain prevention and early intervention activities as part of a reinvestment plan. It supports the capacity to individualize resources to the needs of the community and the individual child or family. Reinvestment capacity also creates opportunities to direct resources into workforce preparation and support.

#### New Revenue Capacity

*New revenue capacity* promotes leveraging opportunities for new partnerships at the state and county level, and promotes joint planning between these entities. New revenue capacity also involves securing more resources for families at all points in the

continuum, enhanced visiting services for families with infants and young children in foster care to creating more capacity to care for children at risk of placement in less adversarial, home and community-based settings.

### Redesign Foundation

Strategies around the *Redesign's foundation* provide resources for community engagement around the development of a network of both formal and informal resources and opportunities. The strategies also recognize the need that adequate infrastructure plays in the successful implementation of the Redesign. Permanent waiver authority supports county efforts to streamline the current infrastructure. Funding for Multi-Disciplinary Teams and revenue maximization efforts recognize the needs of vulnerable populations and the need to dedicate specialized resources, including mental health and substance abuse services, to them. The strategies give spending flexibility to the counties, creating opportunities to provide competency-based training to all partners in the Redesign and to support work around organizational change.

### Outcomes

Fiscal strategies around *outcomes* create opportunities to build partnerships that can do joint planning and share accountability for the achievement of common outcomes. Performance based contracting creates an option for linking funding to the achievement of specific outcomes. The use of a IV-E training waiver would create a level playing field in relation to core competencies and the measurement of related outcomes.

## **California's Fiscal Strategies**

The ten fiscal strategies developed for California recognize the importance of relationships at both the state and local level between child welfare and its public partners – mental health, substance abuse, education, CalWORKs, and health. In addition, the fiscal strategies are designed to strengthen evolving relationships between child welfare, the First 5 Commissions, and the philanthropic community. Combined with ongoing work in initiatives such as the CalWORKs-Child Welfare Partnership, the restructuring of child welfare financing made possible with the fiscal strategies will provide the flexible funding needed for the implementation of the Redesign. These relationships reinforce the interest of the Stakeholders in ensuring that a vibrant public-private partnership has the long-term capacity to support the work of the Redesign.

These strategies can be used in any combination depending on the needs of the county. The fiscal strategies are global, in that they have been designed to provide

counties with maximum flexibility in implementing the objectives of the Redesign in a way that responds to their unique needs and resources. They can be used singly or in combinations to support objectives of the Redesign.

They are:

- 1) Reconfiguring the CWS Allocation
- 2) Permanent Waiver Authority
- 3) Flexible Funding
- 4) Performance Based Contracting
- 5) Title IV-E Training Waiver
- 6) Contracted Administrative Support
- 7) Funding Multi-Disciplinary Teams
- 8) Reinvesting Foster Care Savings
- 9) Interagency Coordination
- 10) Child Care for Employed Foster Parents

The ten strategies are briefly summarized in Figure 9.

**Figure 9: California's Ten Fiscal Strategies to Expand and Restructure Child Welfare Financing**

**1: Reconfiguring the CWS Allocation**

This strategy revises and restructures the CWS basic allocation methodology in three areas: unhooks the county allocation from caseload size; incorporates other state-administered allocations; and/or allows unspent funds to be carried over from year to year if reinvested in the Redesign.

**2. Permanent Waiver Authority**

Develops permanent waiver authority similar to AB 1741/1259 for counties implementing the Redesign.

**3. Flexible Funding**

Flexible funding has been a recurring theme in the development of the Redesign. At the level of a worker and a family, it means having the flexibility to provide the supports that a family needs – so its children are safe and protected. At the systems level, it means relief from the barriers caused by categorical funding barriers and eligibility policies, and a child welfare funding methodology that bases the amount of funding a county receives on the number of case opened for investigation or care. These factors limit county capacity to implement the goals and objectives of the Redesign and make it difficult to allocate resources flexibly. Financial support is essential for all sectors who will now share responsibility for child protection and child and family well-being. Tapping the full range of funding resources available to a state or community is most effectively achieved through partnership with other stakeholders. This element will allow counties to include the cost of community liaison/coach/facilitator to facilitate development of community partnerships on County Expense Claim.

**4. Performance-Based Contracting**

Integrates outcomes with program and fiscal flexibility. Uses multi-year contracts with providers; gives flexibility in how funds are spent.

**Figure 9: California's Ten Fiscal Strategies to Expand and Restructure Child Welfare Financing**  
(Continued)

**5. Title IV-E Training Waiver**

With federal approval, allows the State to claim enhanced reimbursement for costs of competency-based training for child welfare staff and the staff of its public and private partners engaged in the Redesign.

**6. Contracted Administrative Support**

Allows counties to contract out certain day-to-day case-related administrative support activities (supervision, monitoring, pre-placement prevention activities). Earns federal reimbursement when child is federally eligible.

**7. Funding Multi-Disciplinary Teams (MDTs)**

Allows counties to claim federal funds for the costs of MDTs working on differential response teams.

**8. Reinvesting Foster Care Savings**

This strategy allows counties to reinvest the state and county share of any foster care maintenance payment savings achieved through implementation of the Redesign into program enhancements. Savings will be measured against individual county baselines.

**9. Interagency Coordination**

Financial support is essential for all sectors who will now share responsibility for child protection and child and family well-being. Tapping the full range of funding resources available to a state or community is most effectively achieved through partnership with other stakeholders. This element improves availability and flexibility of treatment services for populations where these issues are barriers to families' capacity to care for their children. Earning new federal revenue for reimbursable state and county costs in group homes produces new revenue for reinvestment.

**10. Childcare for Employed Foster Parents**

This strategy would access Title IV-E reimbursement for "allowable" childcare assistance provided by licensed childcare providers for foster parents and relatives who must work outside the home. This is an opportunity for First Five Commissions to provide county match and draw new resources to local communities.

These fiscal strategies have been tried and found effective in other fiscal initiatives either at the State or county level. Some examples are described below:

**EXAMPLE: CONTRACTED ADMINISTRATIVE SUPPORT** *Santa Barbara County's child welfare and mental health agencies work in partnership to meet the needs of an intersecting population – children who have been abused and neglected who also have mental health needs. The county received state approval to draw down federal Title IV-E reimbursement (as contracted administrative support) for the costs of mental health staff involved in assessing the needs of this population.*



**EXAMPLE: PERFORMANCE BASED CONTRACTING.** *The Illinois State Department of Child and Family Services has implemented performance-based contracting. It is an interagency partnership between the state child welfare agency and its community-based providers. The financing of performance-based contracts is structured so that contractors have the equivalent of a lump sum to use in building an individualized plan. Discrete allocations to the provider support the case supervision and administrative components, foster care (which is constructed as a per diem rate) and authorization to spend up to a cap for services that support the child in the community.*

This rate structure gives the provider significant flexibility in service planning, includes financing for serving the child in non-foster care settings, and is outcome-driven. DCFS staff have indicated that performance-based contracts have played a significant role in achieving better outcomes for children in the Department's care.

The interlocking strategies have been crafted so that each county has flexibility to create a unique fiscal plan for its roll out of the Redesign. The strategies recognize that the needs and resources of each county are different. Adopting a single strategy in the framework may be useful in achieving part of the Redesign. However, all of them together provide the fiscal structure needed to sustain the multi-faceted implementation of the Redesign and to achieve the outcomes it envisions. In addition to the fiscal strategies presented above, California is working with other states and United States Department of Health and Human Services to secure needed Child Welfare Services financing reform.

The matrix on the following pages illustrates the relationship between the strategies and the key elements of the Redesign. The matrix also identifies the benefit that each strategy has in achieving key outcomes for the Redesign.



## Redesign Fiscal Strategies Matrix

	FLEXIBILITY	NEW REVENUE CAPACITY	REDESIGN FOUNDATION	OUTCOMES
PARTNERSHIPS FOR PRACTICE	<p>1. Budget Allocation Methodology and Reinvestment</p> <p>3. Contracted Admin. Support</p> <p><b>BENEFITS</b></p> <p>Supports community participation in development of county plan.</p> <p>Creates opportunities to sustain prevention activities, through reinvestment.</p> <p>Gives counties flexibility to spend core funding on prevention strategies.</p>	<p>3. Contracted Admin Support</p> <p>4. Coordinate Federal Funding for MH, Substance Abuse and Other Supportive Svcs.</p> <p>7. Title IV-E Training Waiver</p> <p><b>BENEFITS</b></p> <p>Creates new revenue for reinvestment through leveraging opportunities with local partners.</p> <p>Promotes community capacity to identify children at risk of out-of-placement in community-based, non-adversarial settings.</p>	<p>5. Funding for MDTs</p> <p>6. Funding the Building of Community Networks</p> <p>8. Permanent Waiver Authority</p> <p><b>BENEFITS</b></p> <p><i>Provides resources for community engagement network development and increased availability of informal community resources.</i></p> <p>Recognizes infrastructure needed to build sustainable community partnerships.</p> <p>Permanent waiver authority supports efforts to streamline infrastructure; integrate prevention initiatives.</p>	<p>3. Contracted Admin. Support</p> <p>7. Title IV-E Training Waiver</p> <p>10. Performance Based Contracts</p> <p><b>BENEFITS</b></p> <p>Creates measurable outcomes for prevention strategies.</p> <p>Establishes prevention as a core component in a continuum of supports.</p> <p>Promotes shared accountability for outcomes.</p>
DIFFERENTIAL RESPONSE AND CASE RESOLUTION	<p>1. Budget Allocation Methodology and Reinvestment</p> <p>3. Contracted Admin. Support</p> <p><b>BENEFITS</b></p> <p>Gives counties options to use core funding or reinvestment funds for early intervention.</p> <p>Savings generated through successful early intervention efforts can be retained and reinvested.</p>	<p>3. Contracted Admin. Support</p> <p>4. Coordinate Federal Funding for MH, Substance Abuse, and Other Supportive Svcs.</p> <p>5. Funding for MDTs</p> <p><b>BENEFITS</b></p> <p>Can earn FFP for pre-placement prevention activities performed by contractors or other funding streams.</p> <p>Flexibility for SW workload reduction and engaging/building relationships with families and provides support and services earlier through community partners.</p>	<p>4. Coordinate Federal Funding for MH, Substance Abuse, and Other Supportive Svcs.</p> <p>5. Funding for MDTs</p> <p>6. Funding for the Building of Community Networks</p> <p>8. Permanent Waiver Authority</p> <p><b>BENEFITS</b></p> <p>Federal funding for MDTs increases their potential for sustainability, increased capacity to base services on family need/level of risk.</p> <p>Revenue maximization strategies with AOD and MH increases resources for vulnerable populations.</p>	<p>3. Contracted Admin. Support</p> <p>7. Title IV-E Training Waiver</p> <p>10. Performance Based Contracts</p> <p><b>BENEFITS</b></p> <p>Increase opportunities to make child protection and family support a community responsibility.</p> <p>Systematize capacity to provide outcomes-based early intervention efforts.</p>



## Redesign Fiscal Strategies Matrix

	FLEXIBILITY	NEW REVENUE CAPACITY	REDESIGN FOUNDATION	OUTCOMES
<b>PERMANENCY AND WELL-BEING</b>	<p>1. Budget Allocation Methodology and Reinvestment</p> <p>3. Contracted Admin Support</p> <p><b>BENEFITS</b></p> <p>Spending flexibility gives counties options to arrange funding around services and supports that produce best outcomes for children.</p> <p>Savings earned from Redesign efforts can be used for foster family resources.</p>	<p>2. Childcare for Foster Parents</p> <p>3. Contracted Administrative Support</p> <p>4. Coordinate Federal Funding for MH, Substance Abuse, and Other Supportive Svcs.</p> <p>7. Title IV-E Training Waiver</p> <p><b>BENEFITS</b></p> <p>Federal reimbursement is available for the case management/case supervision component of enhanced visitation programs (with applicable Title IV-E discount).</p> <p>Funding and federal Title IV-E reimbursement for childcare improves permanency outcomes, provides support to foster family resources.</p>	<p>4. Coordinate Federal Funding for MH, Substance Abuse, and Other Supportive Services</p> <p>7. Title IV-E Training Waiver</p> <p><i>Permanent Waiver Authority</i></p> <p><b>BENEFITS</b></p> <p>Capacity to train public and private partners on expanded safety assessment, use of community networks and referral resources increases potential for better outcomes under PIP and CFSR.</p> <p>New revenue generated through Medi-Cal activity in group care can be used for services and supports provided all along the placement continuum.</p>	<p>3. Contracted Administrative Support</p> <p>7. Title IV-E Training Waiver</p> <p>10. Performance Based Contracts</p> <p><b>BENEFITS</b></p> <p>Performance-based contracts increase continuity of care, give providers to serve child in most appropriate setting, build in capacity for pre and post placement prevention, and create more flexibility in the types of services offered.</p>
<b>WORKFORCE PREPARATION</b>	<p>1. Budget Allocation Methodology &amp; Reinvestment</p> <p>3. Contracted Admin. Support</p> <p>7. Title IV-E Training Waiver</p> <p><b>BENEFITS</b></p> <p>Counties have the option of directing reinvestments into workforce capacity.</p>	<p>3. Contracted Admin. Support</p> <p>4. Coordinate Federal Funding for MH, Substance Abuse, and Other Supportive Svcs.</p> <p>7. Title IV-E Training Waiver</p> <p><b>BENEFITS</b></p>	<p>3. Contracted Admin. Support</p> <p>7. Title IV-E Training Waiver</p> <p>10. Performance Based Contracts</p> <p><b>BENEFITS</b></p> <p><i>Supports competency-based training for non-public partners.</i></p> <p><i>Facilitates universal training in core elements of Redesign; supports change in organizational culture.</i></p> <p>Eva. of waiver could be used to measure effectiveness of workforce development efforts.</p>	<p>3. Contracted Admin. Support</p> <p>7. Title IV-E Training Waiver</p> <p>10. Performance Based Contracts</p> <p><b>BENEFITS</b></p> <p>Use of IV-E Training waiver creates level playing field relative to core competencies.</p>



## **OBJECTIVE NINE: ACHIEVE BETTER OUTCOMES THROUGH SYSTEM IMPROVEMENTS: A NEW ACCOUNTABILITY SYSTEM**

### **THE CHILD WELFARE OUTCOMES AND ACCOUNTABILITY SYSTEM**

The vehicle for implementing the Redesign's accountability measures in the immediate future is the state's Child Welfare Outcomes and Accountability System. Assembly Bill 636, authored by Assembly member Steinberg, and signed into law by Governor Davis provided a framework for action, requiring that the CHHS convene a workgroup to establish a workplan by which new outcome-based reviews will be conducted in all Counties, beginning in January 2004. To implement the law, the California Health and Human Services Agency, in partnership with CDSS, worked with stakeholders to develop the Child Welfare Outcomes and Accountability System. The new review system will track and monitor child welfare outcomes (including federally measured outcomes), measure performance on a county and statewide basis, and require counties to meet their improvement goals.



The heart of the new Child Welfare Outcomes and Accountability System is a State and local accountability system driven by a results-based planning and outcomes measurement process with on-going case reviews in each county. This system provides mechanisms to enforce continuous quality improvements throughout California's county-operated child welfare system. It also provides a structured way to implement and assess both the Redesign initiative and the federal Program Improvement Plan. This system has five parts:

#### **County-Level Performance Indicators**

Since the goal of the Outcomes and Accountability System is to improve child and family outcomes within and across all counties, the workgroup developed a set of indicators that parallel the federal CFSR safety, permanency, and well-being measures. The state indicators go beyond the federal effort in that they breakout California's CWS caseload in greater, expand California's ability to look at the caseload dynamics using longitudinal data and entry cohorts, and include additional safety, permanency and well-being indicators. Also, two of the process measures – response time to child abuse reports and monthly visits

*During early implementation, C-CFSR outcomes will be enhanced to reflect the Redesign.*

– from recently eliminated Division 31 reviews will continue to be measured. These process measures are highlighted in bold and italics in the attached matrix.

Still under development are additional outcome indicators reflecting the full range of the CWS Redesign including, but not limited to well-being indicators that will be developed as additional data sources are developed. During the Early Implementation phase of the CWS Redesign, additional outcomes will be enhanced as a result of the differential response system and other system enhancements brought forward by the Redesign.

### **County Self-Assessment**

Counties will conduct a comprehensive self-assessment every three years, including a report and analysis of how the county performed on each of the outcomes and indicators. The purpose of the self-assessment is to focus the county on areas that need improvement and to involve the entire public and private child and family service community including local First 5 commissions, schools, developmental services, and children's health services) in developing an assessment of where strengths and needs exist. By design, the Outcomes and Accountability System models the federal emphasis on safety, permanency and well-being and goes beyond these measures to provide a more thorough understanding of the system and the needs of California's children. The county self-assessment also will include information from the case review process discussed next.

### **County Peer Quality Case Review (PQCR)**

The purpose of the PQCR is to learn, through intensive examination of County child welfare practice, how to improve child welfare services practice in California. The case reviews will provide an important layer of qualitative information. Specifically, the case reviews will be another mechanism for understanding the key to the child welfare system: social worker practice. While the quantitative data (as illustrated in the attached Outcomes and Accountability matrix) provides integral, client-based information, the case reviews will provide a rich and deep understanding of actual practices in the field. In addition, the case reviews go beyond the County Self-Assessment by bringing in outside expertise, including peers from other counties, to help shed light on the strengths and areas needing improvement within that county's child welfare services delivery system and social work practice.

All Counties – not simply those with the most need for improvement – will participate in issue specific case reviews. With the exception of the first planning cycle, the reviews, along with the self-assessment, will inform the development and revision of county System Improvement Plans (SIP). Counties will benefit from the additional information provided by the case reviews. Moreover, everyone has a lot to learn from



high performing counties. The CDSS currently has guidelines for the PQCRs under development that will allow counties to focus on targeted areas for improvement.

### System Improvement Plan (SIP)

Much like the federal Program Improvement Plan (PIP), the county SIP is the operational agreement between the county and the state outlining county strategies and actions to improve that county's continuum of care. Counties must submit their SIP to the CDSS for approval after completion of their County Self-Assessment and their Peer Quality Case Reviews. There is a slight variation in this process during the first planning cycle; specifically, most counties will prepare their first SIP without first having a PQCR to avoid delay in plan implementation.

The County will provide CDSS with an annual update to the County SIP. These updates will show both progress made during the year and changes needed based on additional information. The SIP, however, is more inclusive and community-focused than the federal PIP. The SIP will include progress toward meeting agreed upon improvement goals using the C-CFSR outcomes and indicators. For those indicators for which a county's performance is below the statewide standard, the SIP includes milestones, timeframes, and proposed improvement goals the county must achieve. The Redesign provides a blueprint for counties to improve their CWS performance and identifies specific strategies for them to include in their SIP that will lead to improved outcomes.

*For those indicators for which a county's performance is below the statewide standard, the SIP will include:*

- *Milestones*
- *Timeframes*
- *Improvement Goals*

### State Support for Improvement

Counties showing a need for improvement in overall performance and/or compliance with the outcome measures will receive focused technical assistance and training. If a county demonstrates a lack of good faith effort to participate actively in this process or any portion thereof, and/or consistently fails to follow State regulations or make the improvements outlined in the county SIP, CDSS, in accordance with current law will ensure county compliance. The preferred approach, however, is to support optimal performance at every juncture.

### Tools for State and Local Accountability

Based on the above, the following tools for state and local accountability are currently under development:

- Quarterly Management Reports: CDSS will generate quarterly reports of statewide county performance on all outcome measures. The reports are intended to provide a management tool for the State and Counties, as well as to inform the public.

- Performance Standards: Based on distributions of County performance in the quarterly reports as well as the federal standards, the State will develop performance standards to measure statewide and individual County performance.
- Improvement Goals: State and County improvement goals will be determined based on statewide and individual County performance, progress and improvement.
- State Annual Progress Report: CDSS will publicly release an online Progress Report, providing information on statewide and individual County performance, and improvement goals.
- County System Improvement Plan: All Counties will outline their strategy to improve performance in their System Improvement Plan. Plans must be approved by the County Board of Supervisors. The State will analyze and assess Plans.
- Technical Assistance/Training: High priority Counties will receive focused technical assistance.

The new accountability system will place California on a fast track for improvement of the current CWS system as Redesign implementation comes to scale. It is expected that after a few years of tracking outcomes, bringing local and State partners to the table, and focusing efforts in areas where most needed, outcomes will improve for all California's children including those in the child welfare system.

Through the CWS Redesign we have the framework and the strategic plan to meet the vision – *that every child in California live in a safe, stable, permanent home, nurtured by healthy families and strong communities*; we have the tactical action plan required by the federal PIP; and we have the accountability mechanism under the new Outcomes and Accountability System to ensure that outcomes are reached.



## ***EVIDENCE-BASED STANDARDIZED PRACTICE: WHAT WILL BE DIFFERENT FOR CHILDREN AND FAMILIES***

Central to the CWS Redesign is a quality practice framework, to be delivered by a high-capacity, well trained CWS workforce to ensure that children thrive and families are supported. The emphasis on quality is drawn from the CWS Stakeholders core value of *excellence*, is a reference to quality. Excellence by definition means not only achieving the desired results, or outcomes (effectiveness), and doing so in a cost effective manner with regard to human and resource capital (efficiency), but also refers to how the results are accomplished (quality).

The shift from a “best practices” model of social work toward evidence based practice represents a logical transition to a higher standard of care. Social workers need to seek out practice related research findings regarding the important practice decisions and share the results of their search with clients. Clients need to understand that what is presented as evidence based practice is more likely to be effective than other interventions, but is not guaranteed to work, especially since it depends on individual factors that may not have been controlled for in research trials. The client’s input is essential to ensure the best use of current evidence because it will help the social worker and client/family to combine research results and these individual factors to co-create an intervention that is more likely to be successful. A notable feature of evidence based practice is attention to client’s values and expectations. Clients are involved as active participants in the decision-making processes.

The Redesign Evidence-based Practice Framework will:

- Use evidence-based guidelines for the start-up phase and on-going incorporation of evidence-based practices
- Align with sound child and family policy
- Be responsive to unique needs of diverse California Counties
- Can be integrated with a Differential Response System
- Address shared responsibility with the community
- Emphasize non-adversarial engagement with caregivers
- Integrate practice work products from the Full Stakeholders Group and the Statewide Regional Workgroups, including, but not limited to:
  - New court processes
  - New intake and referral protocols
  - Early Intervention/Differential Response Model
  - Standardized Safety, Risk and Protective Capacity Assessment

- New assessment criteria and decision-making approaches
- Birth Family engagements and visitation model
- New in-home safety approaches
- Child well being enhancements
- Evidence-informed Practice Cycle
- Reasonable Workloads that allow for Relationship-based practice
- Youth preparation model
- New Kinship approach
- New foster parent supports

### **How will the CDSS ensure uniformity in quality practice?**

To ensure uniform, quality practice, the CDSS will:

1. Build on recent state and county efforts to develop promising practices,
2. Develop and promote a standardized approach to the assessment of safety, risk and protective capacity, and
3. Establish an evidence-informed practice cycle with supporting tools

### ***Building on Recent Efforts***

In the practice arena, the State has in recent years introduced numerous pilot practice system projects in counties to test emerging practices. These include:

- Wraparound services
- Family-to-Family Initiative
- Permanency Planning Mediation
- Structured Applicant Family Evaluation
- Family Group Decision Making
- California Safe and Healthy Families (Cal-SAHF)
- Answers Benefiting Children (ABC)
- Father Involvement Initiative

Further, as a requirement of Senate Bill 933, Chapter 311, Statutes of 1998, the California Department of Social Services developed *Best Practice Guidelines for Assessing Families and Children in Child Welfare Services*. These guidelines lay the foundation for expanding the use of family-centered principles and strategies across the full spectrum of child welfare services.

The Stakeholders recommendations build on the transfer of learning gained in the above cited pilot practice system projects, and will contribute to further development

and refinement of *Best Practice Guidelines*.

In partnership with the state and/or independently, California's counties have developed and/or implemented nationally recognized models of preventing child abuse and neglect and responding to child maltreatment. In May 2002 the Bay Area Social Services Consortium produced *Promising Bay Area Practices for the Redesign of Child Welfare Services*, a publication that details many of the challenges and opportunities extant in California child welfare practice.

The "good news" is that due to stellar efforts on the part of the state and counties, there exist "pockets of excellence" in child welfare practice. The "bad news" is that despite stellar efforts, these excellent models have not been brought to scale statewide. This makes evident that there are also less than promising practices in current use. Some of the variability may be due to differing community standards, and to differing needs, resources, challenges and opportunities.

### ***Promoting A Standardized Approach to the Assessment of Safety, Risk and Protective Capacity***

Recognition of the variability in outcomes for children across the state led the CWS Stakeholders to recommend the development of an evidence-based assessment process that would be more uniform throughout California. A standardized, or uniform approach to the assessment of safety, risk and protective capacity is intended to assure basic levels of protective responses statewide and to assure that fairness and equity is embedded in criteria used for case decisions. A Statewide Workgroup was formed in early 2003 to develop an approach to assessment to support Redesign implementation that could be used across counties to inform key decisions in child welfare.

The Workgroup, recognizing the varied assessment environments in the counties, chose to focus on an *approach* to assessment rather than to mandate a specific *model* with prescribed tools. Also, the workgroup wanted an approach to assessment that would *guide* caseworker judgments and decisions, not drive them. Staff confidence in making important decisions would be enhanced by providing a clear framework and conceptual support for the standardized approach. This involves: (1) uniform criteria for each type of assessment, (2) clear linkages between assessment tasks and case decisions, and (3) guidelines for structuring decisions and making judgments based on applying elements of *safety, risk, and protective capacity* assessments to decisions.

The final report of the Approach to the Assessment of Safety, Risk, and Protective Capacity Workgroup outlines the *architecture* of elements and constructs of assessment and how they are related to the range of child welfare decisions informed by assessment, and is located both at the CDSS website at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov) and the appendix section published under separate cover.

The Approach to the Assessment of Safety, Risk, and Protective Capacity specifies three *domains* of assessment, each representing something distinctive:

**Safety** – Assessing the safety of a child refers to making judgments about whether there are imminent threats of serious harm that must be controlled, such as an infant left unattended, or a violent or out of control caregiver threatening the child, or extremely hazardous living conditions.

**Risk** – Assessing the risk to a child involves looking at the range of forces within the child's environment that could cause harm to the child, such as inadequate supervision, prior pattern of abuse or neglect on part of caretaker, substance abuse, or mental illness of primary caretaker. Risk informs the plans for intervention with the aim of changing or mitigating the factors causing the risks.

**Protective Capacity** – Assessing protective capacity involves looking at the inherent capacities of the family or the resources that could be mobilized to contribute to the ongoing protection of the child as well as to the ability or motivation of the parents to change. Protective capacity can ameliorate the safety and risk concerns.

Elements include parental capacity to form and maintain supportive relationships, pattern of meeting the needs of the child, or presence of protective adults who are committed to the child.

Each domain has elements defining safety, risk, and protective capacity that are organized under a set of *constructs* for assessment:

**Child Safety, Risk for Maltreatment, and Parental Protective Capacity Assessment Elements**

- child vulnerability
- caregiver capability
- quality of care
- parent/child interactions
- maltreatment pattern
- home environment
- violence propensity
- social environment
- intervention response readiness
- caregiver/child ambivalence

Each of the constructs *combines* specific elements of safety, risk, and protective capacity and represents more holistic ways of thinking about the assessment elements in making decisions on cases.

The Approach also identifies a rather comprehensive list of more than 50 child welfare decisions, their associated assessment tasks and the domains of assessment related to each decision. The Workgroup selected a subset of these decisions that they judged to be particularly relevant to the *standardized assessment* approach. Subsequently, guidelines were developed for some of those selected decisions.

The purpose of the guidelines is primarily to support implementation of the Standardized Approach to Assessment by concretely applying the assessment of safety, risk, and protective capacity to key decisions in child welfare.

Guidelines were produced for the following key child welfare decisions:

- Should a Referral be made to CWS?
- What should the Path of Response be to a CWS referral?
- How quickly should the face-to-face assessment take place?
- Is the child safe? If not, what is the safety plan?
- Does the case plan adequately address what has been assessed?
- Should visitation be supervised or unsupervised when a child is in placement?
- What remains to be done to secure ongoing safety and protection?
- What is the permanency plan?
- What has to change to safely reunify?
- Have the goals of the plan been met, and has sufficient change taken place to close or transfer the case?
- What are the ongoing supports and services needed to sustain changes after the case is closed to CWS?

For *each* of these decisions, the Guidelines address:

- *Options* for each decision
- *Criteria* for choosing among options
- Relevant *elements* of assessment organized under *constructs*
- *Judgment* process
- *Practice guidelines* – case examples of making and applying assessments to decisions

Please refer to the CDSS website at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov) or the appendix section (published under separate cover) for full detail on the Standard Approach to Assessment.

### ***Establishing an Evidence – Based Practice System***

Evidence-based social work practice can be simply defined as a set of tools and resources for finding and applying current best evidence from research to service delivery with children and families. It also involves the integration of best research evidence with clinical expertise and client values.

Exhaustive, rigorous reviews are not available regarding many practice questions. This does not negate the ethical requirement to search carefully for research findings related to important practice decisions, to critically appraise what is found, and to share what is found (including nothing) with clients (Gambrill, 1999).

Further, family-centered services have long been available but the delivery of these services is often flawed. Funding may be inconsistent and inadequate, access to services limited, and programs tend to emphasize problems and family weakness rather than strengths. According to McCroskey and Meezan (1997), family-based interventions seldom focus on the family unit. In order to maximize effectiveness, family counseling should be family systems and community-based, culturally competent, outcome-oriented and when possible, supported by research evidence conducted with the population being served.

In order to fully establish an evidence-based practice system, a number of challenges must be overcome. For example, Research showing that social workers do not keep up must be overcome. For example, research shows that many social workers do not keep up with practice-related knowledge (Gambrill, 1999). Busy practitioners do not have time to discover and systematically review research findings related to important practice questions. Therefore, ready access to rigorous reviews prepared by others is vital to evidence-based practice. To practice evidence-based social work, individuals need core skills in interpreting research findings, access to evidence-based materials, and some commitment or willingness to ask questions about what works on an ongoing basis.

### ***Steps in Adopting an Evidence-based Practice Framework***

In order for statutory child welfare services and non-governmental child and family support agencies to make the most of research opportunities, to develop an evidence base and an evidence-based practice framework, a number of steps should be addressed:

- The first step must be the development of a research culture, where research is valued across the organization or department and where the pursuit of research by internal and external parties is encouraged and facilitated.
- Second, a culture of evidence-based practice should be developed. Staff should be trained in the process of evidence-based practice. That is, to

identify an answerable question and the information needed to answer the question; to track down the best evidence available; to critically appraise the evidence for validity and usefulness; to apply the results; and to assess or evaluate the outcome (Gambrill, 1999).

- Third, departments must make the most of the information that is already being collected and stored, ensuring adequate record keeping and data management. That is, facilitating the research process by enhancing information sources and encouraging analysis by internal staff with research expertise and/or by external research bodies.

### *Developmental Cycle for Evidence-Based Child Welfare Practice*

As a result of the Redesign, California now has a formal process to develop an evidence base for child welfare practices. Promising practices identified for examination through this process would likely be those most closely tied to safety and change outcomes.

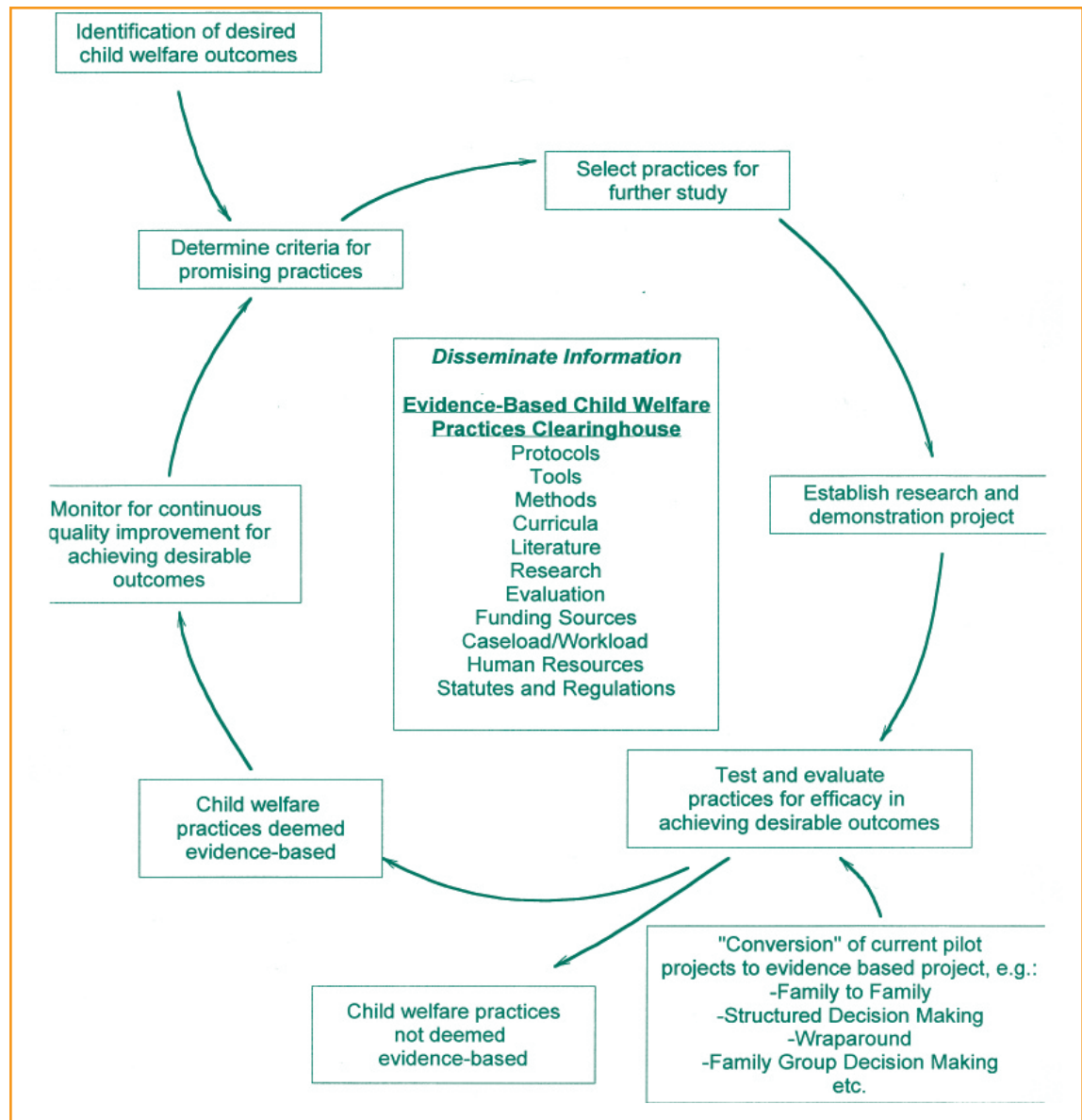
The development cycle for evidence based practice would include:

1. Determining criteria for promising practices to reach desired child welfare outcomes.
2. Selecting practices for further study based on these criteria.
3. Establishing the means and requirements for research and demonstration of promising practices.
4. Testing the practices for level of efficacy in achieving desired outcomes.
5. Deciding if the practices meet rigorous standards for being evidence based.
6. Monitoring for continuous quality improvement.
7. Disseminating information on evidence based child welfare practice to counties across California.

The above components are depicted in Figure 10 and are described in more detail below.

**Criteria for Promising Practices** Criteria can be designed to identify requirements and features of approaches that qualify as promising practices. The criteria should clearly discriminate between interventions designed for specific populations or for particular purposes within mainstream child welfare intervention and practice approaches that define the nature and rationale for over all case management and client-worker interaction. Emphasis should be given to considering current “best practices” that are currently being implemented in California, and the state should also be open to evaluating newly created or designed practice approaches that



**Figure 10: Cycle of Evidence-Based Child Welfare Practice Development**

comply with the criteria for promising or best practices.

**Selection of Practices for Further Study** Based on the criteria, practices that merit further investigation and exhibit potential toward becoming evidence-based practice may be selected for further work. The potential for achieving desired child welfare outcomes is foremost among these considerations.

**Research and Demonstration of Promising Practices.** The approach to study, research and demonstration must be rigorous and scientific. Research designs, pilots and demonstrations that are implemented must meet acceptable standards.

Those standards should be spelled out in detail. Additionally, it is crucial that sufficient support and resources are available to assure that appropriate standards can be applied. The value of research evidence can be ranked according to the following classification in descending order of credibility:

- Strong evidence from at least one systematic review of multiple well designed randomized controlled trials.
- Strong evidence from at least one properly designed randomized controlled trial of appropriate size.
- Evidence from well-designed trials such as non-randomized trials, cohort studies, time series or matched case-controlled studies.
- Evidence from well-designed non-experimental studies from more than one center or research group.
- Opinions of respected authorities, based on clinical evidence, descriptive studies or reports of expert committees.

**Testing of the Practices** Once the research methodology is established, practices would be tested in the field with data collection protocols in place. Established procedures would be in place to ensure data integrity.

**Deciding if Practices Are Evidence Based** After data are collected, detailed analysis of the findings would occur so that a determination could be made as to whether or not they are evidenced based. The decision would be officially announced, and the lessons learned from the testing would be made available to inform future practice development.

**Continuous Quality Improvement** For those practices deemed evidence based, there would be a continuous quality improvement process in place to advance further learning and refinements for improving outcomes for children and families.

**Dissemination Through a Clearinghouse for Evidence Based Practice** Establishing an evidence-based practice framework means that every county in California would eventually implement evidence based practices in ways that are respectful of county autonomy within the California child welfare administrative configuration. To this end, dissemination of information about evidence based practices as well as the tools and resources needed to support these practices is essential.

As a practical and efficient way of keeping child welfare stakeholders informed about evidence based practice a clearinghouse structure is recommended. The clearinghouse could contain resources that enable the successful implementation of evidence based practice, such as training curricula, implementation plans, workload

implications, community organization approaches, resource development strategies, technical assistance and consultation, and agency and program guides.

**Model Approach to Practice** Eventually sufficient research and study could result in the identification of evidence-based practices that can be synthesized into a model approach to practice. The model approach could contain specification for child welfare worker responsibilities and necessary competencies, delineation of procedures, and process and interaction strategies to be followed by child welfare workers. Developing a model practice approach requires the application of certain criteria. These criteria could include the relationship to achieving outcomes, sensitivity to cultural and ethnic diversity, replicability, costs, ease of implementation, versatility across service populations and settings, necessary organizational supports, ease of mastery, management and accountability, interaction with other systems and others.

A suggested new practice approach for testing in the “cycle of development”, referred to as the “Change-Based Approach” is detailed in the CWS Conceptual Framework document (May 2000), page 91.

**Preliminary Criteria for Identifying Evidence-Informed Social Work Practice**

When developing criteria for determining whether or not a particular child or family intervention, service delivery protocol, or training curriculum qualifies as evidence-based, grades of the quality of evidence should be derived from scientific principles.

Studies that take more precautions to minimize the risk of bias (for example, through using reliable and valid outcome measures) are more likely to reveal useful information.

Studies based in client populations that more closely resemble those that exist in usual social work practice are more likely to provide valid and useful information for practitioners. Studies that measure clinical outcomes that are more important to clients (permanency, child and family well being, and safety) are more likely to provide evidence that is crucial to both practitioners and children and families.

Agreement on what constitutes “best evidence” is important. Criteria can be designed to identify features of approaches that qualify as promising practices and enable their selection as interventions which merit further investigation. With subsequent research support, these approaches could then potentially become evidence-based practices.

The value of research evidence can be graded according to the following classification:

- **Effective:** Evidence from well-designed meta-analysis or randomized study with multiple replications

- **Promising and Probably Effective:** Evidence from well-designed controlled trials, both randomized and nonrandomized, with results that consistently support a specific action or program
- **Noteworthy:** Evidence from observational studies (e.g. correlational descriptive studies), or controlled trials with inconsistent results
- **Emerging:** Evidence from expert opinion or multiple case reports

### A Clearinghouse

A request for proposal for an advisory body to develop the proposed Evidence-based Clearinghouse will soon be issued. As noted above, the purpose of the clearinghouse is to identify and evaluate promising practices for child welfare practice. The Clearinghouse would serve to sort and disseminate information critical to social work practitioners across the state.

Knowledge must be available if it is to be used. Once research is completed it is vital that the results are used and disseminated widely so as to inform practice. This can be facilitated by the Clearinghouse in a number of ways. First, researchers would be encouraged to produce academic publications. This provides status for the research and also contributes to the dissemination of knowledge to the field from a source that is considered reputable.

Second, it is vital that the research is translated for practice. The Clearinghouse would encourage researchers to assist internal “experts” to use research findings to develop materials or training programs as a means of disseminating the research findings effectively through the Child Welfare System. It would be particularly helpful if researchers devoted time to developing summaries or meta-evaluations—rigorous reviews designed to encapsulate knowledge of a particular issue and present it in a form readily accessible and understandable by practitioners and policymakers (Gambrill, 1999).

The primary need and benefit of the proposed Clearinghouse is to translate research into practice. It must utilize existing child welfare clearinghouses and other national dissemination of child welfare best practices efforts.

## ***FAIRNESS AND EQUITY AT THE CORE: EQUAL SAFETY, PERMANENCE, AND WELL BEING FOR EACH CHILD & FAMILY***

With fairness and equity at its core, the vision of the CWS Redesign is that all children and families will obtain similar benefits and achieve equally positive outcomes. These strategies build on current protections for children as found in the California Foster Child Bill of Rights and federal law that addresses the disproportionality of children of color in child welfare.

The Redesign describes a supportive child welfare system as one that:

- Continuously examines itself to ensure that the system provides access to services and that positive outcomes are achieved at the individual child and family level.
- Respects the humanity of its clientele even when it doesn't respect the behaviors.
- Honors children and family by having high expectations, and assumes the children/family have the capacity, moral courage and other qualities which lead to success.
- Infuses hope in individuals.
- Builds in benchmarks and celebrates success.
- Seeks to include children/families in decision-making about their own lives.

The challenge is made more urgent by the considerable evidence of the following trends among children of color, particularly African-American and Native-American children:

- Greater likelihood to be removed from their mothers as infants
- Higher rates of foster care entry
- More time spent in foster care
- Fewer services and less contact with child welfare staff
- Lower reunification rates
- Longer time to adoption and lower adoption rates (CWLA, 2003; Fact Sheet #2, 2003 & Clark, 2002).

### **Moving Beyond Good Intentions to Improved Outcomes**

The CWS Redesign calls for a child welfare workforce that is dedicated to improving outcomes for all children and families, requiring both systemic and practice-level changes and the availability of appropriate tools and support in order to move beyond good intentions to improve fairness and equity outcomes.

One way the Redesign moves beyond good intentions is by building on the following current statutory protections to ensure fairness and equity for children and families:

- California's Foster Child Bill of Rights provides a comprehensive set of protections including, the right to live in a safe comfortable home, be treated with respect, participate in court proceedings, receive appropriate health care, participate in school activities and gain skills for transition to adulthood.
- The federal Indian Child Welfare Act (ICWA), re-establishes tribal authority and protects and preserves the bond between Indian children and their tribe and culture. ICWA regulates all child welfare decisions including adoption and guardianship. Legal proceedings must be heard in tribal courts if possible, and involvement by the child's tribe in state court proceedings is permitted.
- The federal Multi-Ethnic Placement Act (MEPA), prohibits delaying or denying the placement of any child on the basis of race, color or national origin, and requires that state's recruit prospective adoptive and foster care families that reflect the ethnic and racial diversity of children needing homes.
- The federal Inter-Ethnic Placement Act (IEPA), amended MEPA to ensure that adoption and foster placements are not delayed or denied because of race, color or national origin.

Another way the Redesign moves beyond good intentions to improve fairness and equity in the child welfare system, is through the use of the following four primary levers for change at the systems level:

**Lever 1: Change the dynamics of bias through partnerships, inclusion and engagement**

**Lever 2: Use emerging tools and promising practices**

**Lever 3: Prepare and support the workforce**

**Lever 4: Measure results and use information to improve outcomes**

***Lever 1: Change the dynamics of bias through partnerships, inclusion and engagement***

While it is beyond the scope of Redesign to tackle structural racism which creates and supports societal inequities, it is important to note the impact racism has on poverty and the higher prevalence of poverty among families of color. The importance

*Among substantiated cases of child abuse and neglect, African American and Native American children are represented at twice the rate predicted by their representation among all California children.*

of poverty as a causal factor in abuse and neglect is clear, but even controlling for socioeconomic status, race produces differences in the rates of entry into the child welfare system, and disparities in the types of services provided and the length of time in care (Roberts, 2002).

Institutional racism, which produces the disparate trends cited above and is both pervasive and insidious, affects judgements--often at an unconscious level-- about family capabilities, level of risk, utility of services and many other factors which directly

affect entry rates, service provision, and ultimately outcomes. Institutional racism and systemic bias are ingrained in organizational cultures and flourish among well meaning people. For those very reasons, are difficult to address.

Partnerships, inclusion and engagement begin to change the dynamics of bias as policies and practices shift to support a community based child welfare system. The power of inclusion and engagement as a lever for systems change is that it works at many levels:

#### **State Level:**

- interagency coordination models community partnerships
- implementation oversight includes consumers, resource families and other people of color
- system graduates join the work force and take leadership in policy and advisory committees

#### **County Level:**

- strategic planning and contracting processes change both to promote inclusion and to reflect input from individuals and communities of color
- community capacity grows and includes non-traditional partners previously shut out of the formal process

#### **Practice Level:**

- consumers are engaged and helped to take charge in decisions that affect their futures

### ***Lever 2: Use Emerging Tools and Promising Practices***

The CWS Redesign emphasizes the use of evidence-based practice and the improved use of data for planning and program administration, both of which are important in the effort to improve fairness and equity outcomes. The emerging tools and promising practices of the Redesign are designed to ensure fairness and equity while also impacting the disproportionality that exists in the current system.



One such emerging tool is the **Fairness and Equity Matrix**, available at the CDSS website at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov) or the appendix section (published in full detail under separate cover), was developed to bring fairness and equity issues into focus as families interact with child welfare. This tool names decision points and decision makers, lists potential decisions, and applies fairness and equity issues and strategies (addressing both individual and system bias) and suggests remedies to reduce bias. It is intended for use in training, to help practitioners learn to explore systematically fairness and equity issues and impacts on disproportionality; and in decision-making, providing a reminder to move beyond habitual practice. Investing the time to discuss and adapt the matrix to specific unit operations and incorporate input from consumers and community partners during Redesign implementation will create a context for learning and enhance its utility at the local level.

*African American children in California:*

- 7% of all California children
- 20% of children under CWS jurisdiction
- 39% of children in permanent placement

An **Evidence-informed Practice Clearinghouse** will evaluate and disseminate information regarding promising practices in all aspects of child welfare. Designed to reduce disproportionality and effectively address other fairness and equity issues. The following promising practices that are believed to reduce disproportionality and promote fairness and equity are suggested for priority evaluation by the Clearinghouse:

*Redesign strategies/practices to lower removal rates:*

- **Partnerships for prevention** are designed to share risk and responsibility and strengthen the community infrastructure to support safe and stable families. More investment in prevention, particularly if focused on neighborhoods with high placement rates, and improved coordination of support services are expected to result in reduced need for more acute interventions including intake into the child welfare system.
- **Differential response** is designed to create three tracks to better match needs and services in a timely way. The community response track provides services and supports to prevent family disruptions and the removal of children.
- **Family inclusion in decision-making** has the potential to produce culturally consistent family alternatives to removal.
- **Emphasis on kinship care and kinship support programs** (including KinGap) focus on keeping children with relatives by making available support to do so.

*Redesign strategies/practices to reduce length of time in care and improve quality of care:*

- **Fast track programming** that engages parents in services immediately upon entry into CWS
- **CWS/TANF Partnerships** that promote service coordination and provide resources that contribute to family stability while reducing competing demands on parents in response to multiple case plans
- **Partnerships with drug, alcohol and mental health services** to quickly begin addressing issues which led to a child's removal, focusing on restoration of protective capacity while providing for on-going treatment
- **Family to Family and other neighborhood based models of care** that support the continuing involvement of birth parents with their children while in out-of-home care, maintaining the bonds of attachment, and allow children to maintain other community connections, including relationships with peers, continuity in school, etc.
- **Intensive focus on permanence**, including adolescent permanence, that rises above arbitrary assumptions about the adoptability of children based on age, race or other characteristics
- **Periodic team meetings for case plan review** in which families are engaged in assessing progress toward specific goals and identifying additional or different services needed to achieve desired results
- **Use of data for continuous quality improvement** by correlating successful outcomes with specific practices.

**Lever 3: Prepare and support the workforce**

Successful implementation of Redesign requires both an expansion in the definition of workforce to include community partners and resource families, and a significant investment in workforce preparation and support over time to promote sustainable organizational change. Such change must address factors that contribute to institutional racism and systemic bias in order to promote fairness and equity for all children and families. To address these issues, preparation and support of the workforce must include the following priorities:

*Among the African American children in the child welfare system, 68% were in permanent placement.*

- Change the expanded workforce to more closely resemble the people it serves through recruitment, retention and inclusion
- Focus on training to maximize positive client outcomes consistently and over

time. Develop and deliver anti-racism training to the expanded workforce (including community partners and resource parents). One example is *Undoing Racism*, available through the People's Institute.

- Support changing organizational cultures through incentives and flexible funding strategies (e.g., getting a IV-E waiver to fund training that includes community partners and resource parents).

***Lever 4: Measure results and use information to improve outcomes: The 'make it or break it' factor***

The achievement of fair and equitable outcomes for all children and families coupled with real improvement in reducing racial disproportionality, requires accountability for results focusing on three important dimensions:

- *Client outcomes:*
  - Are children and families doing better in terms of safety, permanence and well-being?
  - Are these outcomes equivalent across racial and ethnic lines?
- *Program performance:*
  - Are systemic conditions that interfere with positive outcomes, particularly those which disproportionately affect children and families of color, being minimized or eliminated?
  - Are systemic conditions and programmatic approaches that promote positive and equitable outcome achievement being replicated and reinforced?
- *Client satisfaction:*
  - Are children and families satisfied with the quality of their encounters with CWS?
  - Is this information available by race and ethnicity?
  - Is it used to improve programming?

To assure fair and equitable outcomes for all children and families and to change racial disproportionality in a positive direction, the following must be built into Redesign implementation:

1. **A single system of data reporting and accountability** that incorporates indicators of fairness and equity must be created by integrating all aspects of the CWS Redesign with California's Federal Program Improvement Plan (PIP) and AB 636 requirements.
2. CWS policies and practices must be reformed to support and require the **collection and reporting of all significant outcome data by age, race and ethnicity**

3. **A system of fiscal and other incentives** to support reduction of disproportionality and movement toward attaining comparable outcomes for children of color must be developed and made available to counties.
4. Beginning with differential response, **evaluation of the impact of Redesign elements on racial disproportionality** must be among the first priorities on the research agenda of the CWS Evidence Based Clearinghouse.

### **An emerging focus: gay and lesbian issues**

Stakeholder discussions clearly recognized that issues and needs of gay, lesbian, bisexual, transsexual and questioning (GLBTQ) youth and adults are not well addressed in the child welfare system, and that there is urgency for improvement given research (Kulkin, Chauvin & Percle, 2000; Ryan and Futterman, 1998; & Downs and Judd, 2003), that indicates significantly higher rates of suicide, depression, chemical dependency, and physical and sexual abuse among GLBTQ youth than in the general population. Beginning steps on this journey have been taken despite the fact that organizational cultures and the people in them often have difficulty even discussing GLBTQ issues and certainly lack data on which to base solid accountability and systems improvement efforts.

Stakeholders envision environments that welcome diversity, including sexual orientation, and support youth in exploring who they are, and learning to set and pursue their own goals. All youth need to feel safe to talk, ask questions and get good information about a variety of subjects, and this is particularly true in regard to sexuality.

The following ways to begin changing organizational culture for GLBTQ youth are offered for further exploration:

- Screen applicants for **acceptance of GLBTQ people**. Communicate zero tolerance for punitive approaches and efforts to change sexual orientation.
- Ensure **compliance with the foster youth bill of rights**.
- Provide **training for workers, resource and birth parents and other community members** about needs of GLBTQ youth, issues and resources.
- Use the statewide Evidence Informed Practice Clearinghouse to **connect with and disseminate promising practices** with GLBTQ youth. The Child Welfare League of America currently has noteworthy efforts underway.
- **Address GLBTQ issues in the development of community partnerships**. Foster partnerships with GLBTQ community resources including Gay/Straight Alliances and Parents and Friends of Lesbians and Gays (PFLAG). Assess partners for potential value conflicts affecting GLBTQ people. Consult with GLBTQ consumers and workers for satisfaction and system improvement feedback.

## End Note: Fairness and Equity for All

Stakeholders' discussions about fairness and equity have encompassed a broad range of topics, as reflected throughout this document. The primary focus of this work is on promoting fairness and equity for all families while reducing racial disproportionality. It is clear that the imperative in the CWS Redesign is to bring about positive change. Effective promotion of fairness and equity for all children and families will require that assessment of efforts to address disproportionality and related measures be formalized in state and county plans, with commensurate levels of scrutiny and support consistently applied over time.





# **MOVING FORWARD: THE CWS REDESIGN IMPLEMENTATION PLAN**





# MOVING FORWARD: THE CWS REDESIGN IMPLEMENTATION PLAN

The CWS Stakeholders began their third year effort with the working goal of developing a realistic, practical implementation plan. The result calls for immediate action, using Redesign's statewide framework that requires public policy and fiscal system changes coupled with public/private partnerships. The organizational change strategies necessary for the implementation of the Redesign are incorporated in incremental steps. Many counties are incorporating elements of the Redesign and may be among those selected as the first cohort, or group of counties to receive intensified technical assistance and support. Thus, early implementers are already partially underway in implementing elements of the statewide approach.

The Stakeholders recognize that a successful launch of the Redesign is dependent upon two factors: a joint leadership and common purpose between the state, counties, and neighborhoods; and secondly, all key partners and systems being aligned and working together to ensure each child in California lives in a safe, stable, permanent home nurtured by healthy families and strong communities.

The time for moving the Redesign implementation plan forward is now. This section of the final report serves as a summary of implementation planning efforts to date. A companion document, the Redesign Implementation Guide, is a volume that details action steps to implement core operational components of the Redesign.

Implementation of key practice and system elements of the Redesign will involve:

- **County Incorporation of Redesign:**  
How and when child welfare partners will confirm desire to collaborate and how early phases of implementation will proceed
- **Partners and Systems:**  
Who will come together to make change happen
- **Fiscal Strategies:**  
How we will "pay" for the Redesign
- **Legislative Strategies:**  
How and when will the Redesign will be authorized and supported
- **Technology:**  
How and when the CWS/CMS will be aligned with the Redesign

- **Outcomes and Accountability:**

How we will know we are “on track” for achieving Federal and State Outcomes

## **Redesign Timeline**

Moving forward to implement the Redesign is an on-going, long-term effort requiring a “roll out” in planned phases. Statewide change will not happen overnight, but as counties continue to build on their commitment to incorporate Redesign at the local level, phased-in progress will continue to be realized.

A phased in, progressive approach is appropriate to the Redesign implementation effort, as counties build capacity that currently does not exist (or is not sufficiently mobilized) in some county systems. This includes development of training curricula, identifying of legislative support, development of new revenue capacity as well as alignment funding strategies to support the CWS Redesign.

Both the CWS Redesign Final Report and the Redesign Implementation Guide should be considered “living documents” in that they will evolve and improve as county and community partner involvement increases still further, and as progress is made. The following sections provide an overview of state level activities to support Redesign efforts, along with anticipated roles of counties and communities. This section provides an overview of key projected legislative changes and support, and concludes with a practical discussion about funding the Redesign effort.

The key benchmarks and milestones for initial Redesign implementation are summarized in Figure 11, on pages 166-167.

## ***County Incorporation of Redesign***

County and community partners are at the heart of the Redesign as joint leaders and collaborators with the California Department of Social Services in shaping the strategic direction for California’s child welfare program. A broad, diverse representation of Child Welfare partners has been actively involved in every stage of the Redesign planning effort, from creating an understanding of the current CWS system to identifying the reality on which to build, to making recommendations regarding strategies, to planning for how best to implement the proposed changes.

As Redesign rolls out in all 58 counties in California, each neighborhood within the county must determine their interest, readiness, and capacity to implement the Redesign. The California Department of Social Services (CDSS) has supported counties determining their level of readiness to implement the Redesign in the following ways: (1) Community Planning Grant and Supports (2) Launching and Supporting Implementation Counties and (3) Training and Technical Assistance.

### Community Planning/Grant Activity

In order to assist counties in integrating the Redesign, CDSS issued a Request For Application (RFA) to all 58 counties in April 2003. This RFA was designed to support counties and to assist them with self-assessing and identifying their readiness to participate and implement the CWS Redesign. This RFA is the first in a series of many efforts to support implementation of the Redesign by providing *incentive* funds. (Note total funding of implementation activities will require support from federal, state, and county governments as well as philanthropic foundations and private businesses.) A total of \$2.6 million in CDSS incentive funds has already been provided to counties to assist them with planning, assessing, and developing implementation strategies for the Redesign with the ultimate goal of achieving improved outcomes for child safety, permanency and child/family well-being.

To further assist counties with the self-assessment process required by the Community Planning Grants, the CDSS' Office of Redesign Implementation provided counties with the "*Redesign Implementation Readiness Matrix*". The Matrix is comprised of core elements of the Redesign. The components of the Redesign Readiness Matrix requires the county to answer the question "Where are you in relation to the Redesign?" in the following areas:

- Community Capacity Development
- Interagency Coordination and Service Integration
- New Intake Structure/Differential Response and Safety Assessments
- Permanency for Children and Youth
- Workforce Capacity Development
- Outcomes Accountability
- Evidence Informed Practice/Standardized Practice
- Flexible Funding

Counties have begun the work identified in the RFA and will submit their Redesign Readiness Matrix on September 15, 2003 and the county's Summary Report in October 2003. Counties' reports will reflect their level of readiness and capacity to align with California's reform efforts as well as their level of incorporating the Redesign.

### ***Launching Four Redesign Implementation Cohorts***

Based upon their readiness, interest, and capacity to implement the CWS Redesign, the CDSS, in partnership with the Child Welfare Directors Association, will identify "Early Implementation Counties" which will be provided with support and assistance on one of four levels. These counties will be known as Cohorts 1 – 4. Beginning in January 2004, multiple levels of support for the 44 counties in one of four cohorts

**Figure 11: CWS Redesign Implementation Plan**

	2003	2004	
<b>County Incorporation of Redesign w/ milestones</b>	<p>51 counties Redesign Community Planning Activity</p> <p>6 counties selected to be Early Implementers of key components fulfilling PIP requirements for differential Response and safety assessment 9/03</p> <p>Activities included in PIP quarterly reports</p>	<p>Additional 38 counties launch 5 year effort - Total of 44 counties</p> <p>Includes 4/04 PIP requirement for 24 counties to implement differential response and safety assessment</p> <p>Activities included in PIP quarterly reports</p>	
<b>Partners and Systems</b>	<p>CDSS and Foundation Consortium Partnership formed 2/03</p> <p>Funders Video Conference 3/03</p> <p>Child Welfare Interagency Team Established 5/03</p> <p>Champions for Children Formed 9/25</p> <p>Philanthropic Funders Briefing 11/03</p>	<p>Pilots 2 Policy Conference launches county implementation of Redesign cohorts</p> <p>...all efforts continued</p>	
<b>Legislative Strategies</b>	<p>Identify legislative support and needs</p> <p>Legislative Interim Hearings</p>	<p>Redesign support legislation introduced --</p>	
<b>Fiscal Strategies</b>	<p>CWS Stakeholders Year 1 and 2 efforts refined in the development of 10 Fiscal Strategies</p> <p>Fiscal Forum held 3/03</p>	<p>Refinement and implementation of fiscal strategies</p> <p>Fiscal Academy established</p> <p>Begin waiver processes – ex. for child care</p>	
<b>Outcomes and Accountability</b>	<p>Child Welfare Outcomes and Accountability System developed</p> <p>Evidence Based Practice RFP issued</p> <p>Fairness and Equity Matrix Developed</p>	<p>County implementation of new Child Welfare Outcomes and Accountability System - quarterly reports</p> <p>Evidenced Based Practice Cycle Advisory Group formed</p>	

2005	2006	2007
Expanded efforts to new 14 counties Activities included in PIP quarterly reports	Expanded support for 29 counties to implement key elements	Expanded support to 11 small counties to implement elements
...all efforts continued	...all efforts continued	...all efforts continued
Continued legislative efforts	As needed – continued legislative efforts	As needed – continued legislative efforts
Continued advocacy Continued development/refinement Implementation where possible	Ongoing advocacy, development, coordination and support	Ongoing advocacy, development, coordination and support
County implementation of Child Welfare Outcomes and Accountability System - quarterly reports Evidence Based Clearinghouse Established	County implementation of Child Welfare Outcomes and Accountability System - quarterly reports Evidence Based Clearinghouse development	County implementation of Child Welfare Outcomes and Accountability System - quarterly reports Evidence Based Clearinghouse

identified as ready to incorporate the Redesign in their county plan will be provided with targeted, incentive funding on a graduated basis.

The intention in creating peer implementation groups, or “cohorts” is to bring counties/community partners together as implementation collaborators based on common interest, similar local strengths and capacity to mobilize requisite resources. For example, all counties in Cohort 2 will be among the counties with smaller populations which are currently active in the Small Counties Initiative, funded by the California Department of Social Services, Office of Child Abuse Prevention. As such, they share similar challenges and opportunities.

- **Cohort 1:** Six counties will develop and implement all key principles and elements of the CWS Redesign including a standardized approach to safety as well as a differential response system. One of the six counties will be Los Angeles which may choose to regionalize and target selected regions of LA County for initial implementation. All Counties in Cohort 1 agree to work with the Office of Redesign Implementation to field test the Redesign Implementation plan and assist in the fine-tuning of the plan to support other counties as they move forward with implementation. This collaborative effort will also include direct peer-to-peer support with counties in other cohorts. Counties will be involved in a participatory training methodology (known as the Breakthrough Series Collaborative) to give them the tools and support they need to build capacity for implementing the CWS Redesign with an emphasis on differential response and community partnership development.
- **Cohort 2:** Eleven counties with populations under 70,000 will integrate Redesign principles and develop community capacity and services, community partnerships and differential response. Counties will be involved in Breakthrough Series Collaborative and Community Partnership Development. Counties will receive peer-to-peer support from Cohort 1.
- **Cohort 3:** Twenty-seven counties will build on existing local activities that are consistent with elements of Redesign, e.g., Family-to-Family, CWS/CalWORKs Partnership Project, etc. Counties will be involved in the Breakthrough Series Collaborative and Community Partnership Development.
- **Cohort 4:** Fourteen counties will participate in activities to be identified.

By way of summary, Cohort 1 will fully implement all aspects of the Redesign. Cohorts 2 (small population counties) and 3 (larger population counties with existing key initiatives upon which to build in place) will focus initially on the Redesign intake structure (differential response) and community partner development. The final peer implementation cohort, Cohort 4, will engage in activities yet to be determined.



Figure 12 below demonstrates the range of initial proposed activities for State fiscal years 03/04 and 04/05. Activities for cohorts 2 and 3 will expand over time in State Fiscal Years 05/06, 06/07, and 07/08. Funding support options will be aligned with proposed activities. As noted elsewhere in this document, not all Redesign funding is required immediately. CDSS, in partnership with philanthropic partners, will coordinate state-level resources to support county implementation.

CDSS will be active in supporting counties/communities by providing or coordinating:

- Peer-to-Peer Support
- Intensive on-site training for Cohort 1
- Technical assistance for all Cohorts
- Community Partnership Development for all Cohorts
- Public Relations/Communication Support
- Evidence-Based Practice Clearinghouse

**Figure 12: Initial Proposed CWS Redesign  
Implementation Activities SFY 03/04 and 04/05**

REDESIGN KEY ELEMENTS	<u>COHORT 1</u> 6 Counties (including LA): Implementing all key Redesign principles and elements	<u>COHORT 2</u> 11 Counties: Integrating Redesign principles, developing community capacity and services, community partnerships and differential response	<u>COHORT 3</u> 27 Counties: Integrating Redesign principles and differential response. Targeted counties will also receive community partnership development	<u>COHORT 4</u> 14 Counties: Remaining counties will be offered statewide training and technical assistance on a voluntary basis. Additional activities yet to be determined
Community Development	X	X	X	
New Intake Process:				
--Differential Response	X			
--Breakthrough Series Collaborative	X	X	X	
Safety Assessment	X			
Permanency:				
--Family to Family*	X	X	X	X
Youth	X			
Workforce	X			
Child Welfare Outcomes and Accountability System	X	X	X	X
Training & Technical Assistance	X	X	X	X

### ***Training and Technical Assistance***

Based on the levels of participation described above, four cohorts will be developed. The intention in developing cohorts is to bring counties/community partners together as implementation collaborators based on interest, local strengths and readiness to mobilize requisite resources. Members of implementation cohorts will function as “learning communities” in that it is anticipated they will transfer learning by sharing successes and problem-solving together.

The CDSS’ initial five-year plan for implementation of the CWS Redesign includes a statewide technical assistance and training effort to support the effective implementation of all key elements. Starting in 2003 and 2004 there are many significant efforts in the development stage designed to begin this statewide approach to consistency, standards, quality and outcomes. They include:

#### ***The Breakthrough Series Collaborative***

The Breakthrough Series Collaborative Training (BSC) is a peer group participation, quality improvement methodology that invites the participating group to develop and test small-scale, rapid practice changes. This process allows counties to target, pilot and strategically phase-in significant practice changes that normally would require years of planning for implementation. These changes are measured and monitored closely so that successes can be expanded quickly and that failures are not replicated.

*The Breakthrough Series Collaborative (BSC) is a quality improvement methodology that uses small-scale rapid tests of change.*

Redesign Cohorts will participate in the Breakthrough Series Collaborative training method because they share a commitment to the common issue of Redesign implementation thus collaboratively producing breakthrough results brought together through shared knowledge, challenges, and successes. The focus of the BSC will be to implement elements of the Differential Response operational component, including intake and multi-tier response. Each county participating in a particular cohort will put together a “team” that will make changes and implement new systems over the course of two years. Each team will be guided and mentored by experts in the field as they study, test, and implement the latest knowledge and evidence available.

The Breakthrough Series Collaborative is supported by the Foundation Consortium and its partners, the Marguerite Casey Foundation and Casey Family Programs.

### *Integrated CWS Learning Systems*

CDSS and partners at the California Social Work Education Center (Cal-SWEC) and the universities that serve as Social Work Regional Training Academies have been participating in all of the workgroups in the third year of the Stakeholders process and have begun the process of integrating these principles, guidelines and innovative practices into social work curricula at the academies, universities and community colleges.

CDSS and other partner agencies, including community colleges are expanding and refocusing their training and curricula for community agency staff who will be working with CWS at all stages of the system. An essential part of Redesign is ensuring that community agencies have well trained staff, who can partner on teams with CWS and provide the broad level of service support required by the CWS Redesign in order to achieve successful outcomes.

In addition to the Breakthrough Series Collaborative training, which will focus on differential response, CDSS and multiple foundation partners are developing support for the strengthening of community service networks and partnerships, which will improve support for families and children throughout the new child welfare structure. Other training, support related to financing, permanency, reunification, and successful youth transition are also under development.

Several professional conferences will contribute to the transfer of learning and coordination opportunities. These include: The Governor's Service Conference, Family Strengths Conference, Centennial Juvenile Court Conference, CalWORKS Conference The Pilots to Policy Conference (where the cohorts will be oriented), and the new Child Welfare Track of the Child Maltreatment Conference, to name a few.

### *The Redesign Implementation Guide*

The "Redesign Implementation Guide" provides a step-by-step guide to the operation of Redesign components within the framework of the CWS Stakeholders intervention objectives. This practical guide is intended to provide insight, tools, and resources to everyone involved in implementing the Redesign.

## **Partners and Systems**

The work of the Redesign will be carried out by the expanded CWS workforce that currently includes the state, county and community-based child welfare workforce and partners. Within the Redesign, the CDSS has a specific responsibility to model how to effectively partner with those who are critical to carrying out the work. To that end, three new, vital partnerships have been developed: (1) the State Interagency Child Welfare Team, (2) The CDSS/Foundation Consortium Public/Private Partnership, and (3) Champions for Children.

### ***State Interagency Child Welfare Team***

The State Interagency Child Welfare Team was convened by the Director of the Department of Social Services who requested that the Directors of the following state agencies appoint appropriate Deputy Directors to serve: Department of Health Services, Department of Mental Health, Department of Alcohol and Drug Programs, Department of Developmental Services, Department of Education, and the Office of the Attorney General. In addition to Deputy Directors for Welfare-to-Work and Children and Family Services within the Department of Social Services, The Foundation Consortium for Children and Families is part of the Team, representing philanthropy's interest in making the Redesign a reality. The function of the State Interagency Team is to align vital systems roles, structures and policies to support common child and family outcomes, as represented in the CWS Redesign.

#### **State Interagency Child Welfare Team Members:**

- Department of Health Services
  - Medi-Cal Division
  - Public Health Division
- Department of Mental Health
- Department of Alcohol and Drug Programs
  - Prevention Services Division
  - Program Operations Division
- Department of Developmental Services
- Department of Education
- Office of the Attorney General
- Department of Social Services
  - Children and Family Services Division
  - Welfare to Work Division
- Foundation Consortium for Children and Families

The State Interagency partnership has addressed sharing responsibility to:

- Remove barriers to coordination of services to common recipients
- Promote outcome-based and strength-based approaches to practice
- Provide leadership in developing public-private partnerships
- Maintain local programs in difficult economic times
- Maximize resources for shared populations

### ***The CDSS/Foundation Consortium Public/Private Partnership***

The Department of Social Services and the Foundation Consortium for California's Children and Youth have formed an innovative public-private partnership to support the aims and implementation of Redesign. The consortium, consisting of California's leading philanthropies focused on the needs of children and families, is an important source of private support and commitment to Redesign implementation.

The CDSS and the Foundation Consortium have come together to identify the most pressing needs of implementation and how private sector support can leverage the

substantial public investment that is being made in improving child welfare services in the state. The Foundation Consortium and its members have committed to raising \$10 million dollars over the next five years in private support to underwrite key training and technical assistance efforts, consistent with their values of focusing on the whole child, strong and inclusive community partnerships, flexible and sustainable funding, and outcomes-based accountability and interagency coordination.

### ***Champions for Children***

Champions for Children is an advisory body convened to support Redesign implementation. Since the Redesign was and continues to be driven by the vision of stakeholders passionate about the welfare of children, the inaugural members of “Champions for Children” are the CWS Stakeholders and Partners who worked together to share responsibility for developing the Redesign recommendations. Currently Champions for Children are participating in their counties efforts with the CDSS Community Planning Grants to plan for CWS Redesign. They are also actively participating with the First 5 Commission in their respective counties to remind the Commission that well over half of the CWS population is under five years old and can be effectively served by the specific strategies for this vulnerable population.



More Champions will be needed as we move from the conceptual to planning, and from planning to development, and from development to implementation. Champions are needed to help reach out and partner with CWS and to support the development of shared responsibility and accountability – modeling the synergy that comes from working as a team. We are relying on the Champions to help shift the organizational and community culture to acknowledge and support the important and positive work of social workers, foster parents, court personnel, and others who touch the lives of children and families, and to recognize and validate children and families as part of the solution, not part of the problem.

### **Fiscal Strategies**

California's Child Welfare Services program is funded by federal, state and county agencies for a total of \$4 billion annually. While need for services has been demonstrated to be beyond this level of resources, this public investment does provide the base upon which to build.

The sections that follow describe how we will optimize use of existing funds, generate new revenue capacity, and engage in passionate advocacy for fiscal reform at the Federal, state, and county levels. (Please note that there is an extensive description of the strategies to expand and restructure child welfare financing on page 125.)

### ***Acquisition of Additional Funding***

Additional resources will be required, and CDSS will work with stakeholders to identify where resources are needed and will identify priorities. CDSS will leverage public funds with private support.

Approaches to acquiring additional funds include: (1) identifying federal sources that have not been fully tapped for families and children served by the Child Welfare Services program and that can be made available to counties, and (2) allowing for funds to be carried over from one fiscal year to the next.

The following are additional options in this area being considered:

- State and county agencies use permanent waiver authority to integrate funding for prevention efforts that are directed at overlapping populations.
- State child welfare, mental health, and drug and alcohol agencies coordinate efforts to obtain new federal Medicaid reimbursement for allowable activities performed in group care, with a state and county commitment to reinvest new revenues into needed mental health and substance abuse services for families whose children are at imminent risk of removal from the home.
- State and Counties reinvest new revenues into needed mental health and substance abuse services for families whose children are at imminent risk of removal from the home.

### ***County & Community Investment***

Counties and communities have developed myriad means to creatively and flexibly fund child welfare services. They have consistently brought their own resources “to the table.” In addition to continued county and community investment, is the opportunity to engage in flexible funding opportunities, such as:

- Entering into formal partnerships with other agencies that serve common clients and apply non-federal funding made available through this agreement as match for any federal funding for which clients may qualify.
- Gaining any efficiency that may result from focusing on the achievement of common outcomes for clients served by the partnerships rather than on separate processes that may not be necessary to reach them.

### ***Foundation Investment***

The partnership between CDSS and the Foundation Consortium to support, promote and track the implementation process statewide, is growing and evolving. Leadership of the two entities, including the Directors and senior staff, began meeting regularly in April. Agreement has been reached on three primary objectives: 1) to develop a coordinated and high quality package of support for the counties as they



implement the Redesign, 2) to support and leverage each organization's resources and support one another; and 3) to facilitate the Redesign implementation across state agencies.

The philanthropic community will play an evolving and complex mix of roles in this process. In addition to a role as a funder, with the goal of raising \$10 million dollars over the next five years, they will provide leadership, expertise and consultation, facilitate and convene the state-level interagency workgroup, and promote the alignment of philanthropic funding with the goals of the Redesign.

### ***Fiscal Reforms***

Fiscal reforms are necessary on the federal, state and county levels to facilitate the expansion and restructuring of child welfare financing. Each level has a role to play in making significant progress in this area. The fiscal reform strategy is broad based advocacy. The following are the issues that have been identified for targeted advocacy:

#### ***Federal Fiscal Reform Advocacy***

The primary goal of federal fiscal reform is to improve existing federal financing mechanisms to facilitate faster movement of children from foster care into safe, permanent families and to reduce the need to place children in foster care. There are four primary challenges inherent in current federal financing: funding is caseload driven, inflexible, tied to outdated eligibility criteria, and "siloed" rather than integrated.

- **Federal Funding Challenge #1:** Federal Title IV-E foster care funding is caseload driven which impairs incentives toward family reunification and permanency planning.

#### ***Suggested Options:***

- Permit state (and county) rollover from one year to the next and reinvestment of saved federal foster care grant payments and administration funding into front end prevention and family reunification services, which are typically funded by limited Title IV-B funds.
- Create a federal methodology that allows states/counties to reinvest any Title IV-E and/or non-federal foster care maintenance payment savings achieved through the reduction of the number of children and/or length of placement for a child in foster care.
- **Federal Funding Challenge #2:** Federal Title IV-E foster care funding is inflexible in that expenditures must be tied to categories of aid (such as foster care payments) rather than to services, which can best achieve positive results for children and families.



- **Federal Funding Challenge #3:** Foster Care linkage is to 1996 AFDC eligibility rules based on cost-of-living indexes in place at that time, resulting in fewer and fewer children who are eligible to receive federal funds over the past seven years. Since the State still has the obligation to serve all children and families that need Child Welfare Services, the State and Counties must fund these services without the federal government participating in the costs.
- **Federal Funding Challenge #4:** Federal funding remains “silo-structured”, meaning eligibility for the funds must be established separately even though most children and families receiving funding from one federal source also receive funding from other federal sources. Requirements and conditions for the use of Title XIX, Title IV-B, and Title IV-E, and other federal fund sources remain generally independent of one another and yet all of these funds in combination support the varying needs of children and families requiring Child Welfare Services.

#### County Allocation Flexibility

In addition to other strategies to maximize and leverage existing county resources, the following additional opportunities are relevant:

- Counties use the planning process to prioritize funding in their CWS allocation to engage public and private partners in building an outcome-based, flexibly funded child welfare system. This engagement promotes flexible funding for community-based family support programs.
- State develops procedures for counties to charge allowable portions of the cost of building community networks that can prevent child abuse and neglect and provide a comprehensive network of resources and opportunities to support, preserve, and restore family capacity.
- Counties use these procedures to charge the cost of network development and maintenance to a federal source.
- County CWS agencies use the reconfigured CWS allocation to meet objectives of the statewide accountability system (AB636) through strategic planning efforts to keep families safe without opening them as CWS cases. Counties direct some of their foster care savings or CWS allocation roll over funds to improving workforce capacity.

#### State Reinvestment of Foster Care Savings

As referenced above, reinvestment is a methodology that lets counties apply the state and county share of foster care maintenance savings achieved through Redesign into program enhancements and assumes creation of county-specific baselines. Other opportunities for fiscal reform on the state level will be fully explored as they are identified.

## Legislative Strategies

California's Legislature has a significant role to play in the implementation of CWS Redesign and, from the beginning, Stakeholders have undertaken efforts to brief, inform, include and seek input from them regarding the Redesign's vision, direction and strategies. The leadership of legislators is needed to ensure that meaningful change happens and progress towards the vision of a new CWS system is achieved.

An integral part of the Stakeholders process has been to

- Identify areas where legislation is needed to support the Redesign
- Prepare draft legislation for consideration by the Legislature
- Upon request, brief legislators and their staffs and present at interim legislative hearings regarding the Redesign

The Stakeholders' first year effort included a subcommittee on "Rules and Regulations" to: (1) identify obsolete, conflicting, redundant or unnecessary language in current regulations and propose revisions; (2) review regulations and related laws governing child welfare services to identify substantive areas in which changes could likely make a significant impact; and (3) recommend principles and guidelines for the development and interpretation of CWS regulations. In their second and third years, the Stakeholders used these principles to continue to identify statutory and regulatory changes that would support a more responsive, less adversarial system that shares responsibility for successful outcomes with other agency and judicial partners, and with the community at large.

Through the discussions by Stakeholders and statewide workgroups involving a broad range of interested persons, legislative and regulatory changes needed to support the principles and values of the Redesign were identified. Juvenile court judges provided input on changes related to court processes. These changes, still under review, are included below as recommendations from Stakeholder. They are grouped by the major Redesign components/objectives: Prevention and Early intervention with Families; Permanency; and Successful Transition to Adulthood.

## **PREVENTION OF CHILD MALTREATMENT AND EARLY INTERVENTION WITH FAMILIES**

### **Legislation that**

1. Provides Counties the authority to implement a Differential Response approach
2. Renames CWS programs to correspond with the Redesign (e.g., "Emergency Response" becomes "Initial Assessment") and "Permanency Planning" becomes "Concurrent Planning" for Reunification or for Adoption, Guardianship, Alternative Permanency or Successful Transition to Adulthood).
3. Supports the emphasis on assessment of safety, risk and protective capacity
4. Shifts the time frame for responding to child abuse reports and developing a case plan from 30 days to the Federal standard of 60 days in order to allow more time for family engagement and buy-in.
5. Allows for services to continue as long as needed and to be available until the involved child turns 18.
6. Renames protective custody warrants and establishes procedures that differentiate law enforcement officers' escort role from the arrest role.
7. Expands funding streams for community resources and increases flexibility in funding CWS services within counties

### **Regulatory changes that**

1. Clarify preferred timeframes for responses to vulnerable populations
2. Replace the current focus on "substantiation of allegations" to "ascertaining facts related to safety, risk and protective capacity and development of a plan to build on family strengths and address areas requiring change in order for a child to remain in the home of parents.
3. Support movement from "substantiated" to "indicated" by making DOJ Child Abuse Central Index reports a case by case decision of the Assessment Team based on criteria relating to the public interest rather than a requirement based on findings
4. Establish statewide safety standards to be used as a basis of decision-making at each case decision point and/or court hearing
5. Address barriers to sharing information needed to serve families effectively and case management activities among team members.
6. Stipulate the roles and authority of CWS and law enforcement agencies in removal of children from their homes, including who is responsible under what circumstances
7. Require that any court report on a child who has been removed specifically address the services and protections needed for the child to return home safely unless criteria for bypassing Reunification Services is met.
8. Require that attorneys for parents and children participate in formulating plans for the safety of the child, and that parent's attorneys advocate for family solutions, not simply for returning the child without safeguards.
9. Require that attorneys for parents and children be trained and monitored in the same manner, and that attorneys, judicial officers, court staff and service providing agencies complete comprehensive training covering the dependency process and techniques of adjudication, with special emphasis on the Indian Child Welfare Act, alcohol and drug services and fairness and equity in the delivery of services to all families and children.

10. Clarify the role and function of County Counsel and provide for a specific training curriculum on Dependency issues
11. Provide for mandatory mediation or settlement conferences at specific decision points in each case
12. Require trial briefs prior to contested matters allowing the court authority to narrow the issues on which evidence will be presented
13. Establish procedures and protocols to ensure that incarcerated parents are produced and transported for dependency hearings
14. Expedite appeals of all dependency matters (e.g., CA Rule of Court 39.2).

## **PERMANENCY**

### **Legislation that**

1. Aligns statutory timelines for case plan development and review with the utilization of a team process
2. Reduces the time to adoption consistent with federal outcomes and AB 636 requirements.
3. Removes fiscal disincentives to adoption
4. Provides for "co-adoption" for children over 12 allowing the child to have a say in selection of his or her adoptive parents
5. Provides the Dependency Court with greater authority and responsibility to monitor the progress of adoption plans, including requiring more frequent progress reviews
6. Permits the Dependency Court to make orders to expedite the adoption process once a child is in an adoptive home
7. Requires that adoptions of dependent children be heard in Juvenile Court
8. Allows the court to order concurrent Dependency and Wardship in appropriate cases

### **Regulatory changes that**

1. Redefine permanency to include recognition of emotional security as a critical element of healthy development and requisite to permanency.
2. Allow sufficient time to support team involvement in development of a complete and detailed case plan, and provide for a review of progress (including a report to the court) at least every 90 days, contingent on availability of resources.
3. Expands KinGAP funding to include children in voluntary placement with relatives
4. Institute a consolidated home study and training process for all resource families (single approval criteria and training curriculum for relative caregivers, foster parents, guardians and adoptive parents).
5. Require that there be assessments of every child's personal relationships and the case plan include support for maintaining significant relationships.
6. Allow selective discretion to courts and CWS to consider placement of a child in a home with an adult who has a past criminal record that does not affect the person's ability to care for and nurture the child.
7. Ensure that a post-placement service plan is developed prior to a child's discharge from foster care and implemented upon his/her return to the family, with resources identified to carry out the plan.

**Interstate Compact for placement of Children**

1. Propose changes in federal requirements for Interstate Compact for Placement of Children to address issues related to incompatible time frames and termination of parental rights

**SUCCESSFUL TRANSITION TO ADULTHOOD****Legislation that**

1. Facilitates information sharing across service systems, based on a need to know, reducing duplication and enhancing coordination
2. Supports the availability of Youth Individual Development Accounts

**Regulatory changes that**

1. Specify age 12 if developmentally appropriate for the start of structured programming directed to successful transition
2. Support both permanence and transition in case plans for all youth
3. Modify foster and group home licensing requirements to allow greater flexibility in responding to youths' developmentally appropriate needs for autonomy and life experiences
4. Establish standardized outcome measures and assessment methodology for all transitioning youth
5. Expand eligibility and resources for independent living services to age 24
6. Provide for college tuition waivers for youth who emancipate from foster care or leave long-term foster care for permanency after age 16.
7. Clarify time frames for eligibility for Free Application for Federal Student Aid
8. Support a continuum of housing options for youth emancipating from foster care
9. Establish state and county hiring preferences for former foster youth

Based on careful review and analysis of these recommendations, and examination of applicable existing statutes and regulations, a specific legislative and regulatory agenda will be developed. The timing and sequence for legislative action will be aligned with the needs and priorities of implementing counties.

**Technology**

The Child Welfare Service/Case Management System (CWS/CMS) is the central technology for documenting and transmitting information regarding child welfare services activities. The purposes of CWS/CMS are to serve as a tool for Social Workers to help achieve positive outcomes for children and families and to provide data that can be used to measure results and program effectiveness. For this reason, the Department has adopted the principle of not requiring changes in social work practice until CWS/CMS can support the new way of doing business.

The data fields in the CWS/CMS were designed to reflect the current child welfare

system and therefore align with the following programs: Emergency Response, Family Maintenance; Family Reunification and Permanency Planning. The CWS Redesign significantly shifts existing programs and introduces three response paths for families who are referred to CWS, which, in turn, will require changes to CWS/CMS so that it can continue to serve as a tool for Social Workers and provide data needed for evaluating outcomes for children and families served by Child Welfare Services.

### ***Partnership Activity to identify issues in aligning CWS/CMS with Redesign***

The CWS/CMS Oversight Committee which is comprised of representatives from the Department, the Health and Human Services Data Center and the County Welfare Directors Association will review and integrate all projected changes, including those required by the Outcomes and Accountability System (AB 636), the federal Program Improvement Plan and the Redesign. In particular, the CWS/CMS Oversight Committee will include input from Counties that are participating as “early implementers” of the Redesign to assist in this effort.

### ***Submit Plan for Needed Technology Changes to Federal Children’s Bureau***

Pursuant to federal regulations for State Automated Child Welfare Information Systems, identified changes to CWS/CMS will be submitted to the Children’s Bureau within the United States Department of Health and Human Services as an “Advanced Planning Document Update.” The Department will communicate with its federal partners regarding the importance of these changes to CWS/CMS in the achievement of federal outcomes for children and families as well as for documentation of these outcomes.

## **Outcomes and Accountability**

The impetus for demonstrating success derives from the Stakeholders’ vision to ensure that every child in California has the opportunity to live in a safe, stable, permanent home, nurtured by healthy families and strong communities. The Federal Child and Family Service Reviews (CFSRs) and associated Program Improvement Plan represent a national agenda for change and reinforce the urgency of improving California’s Child Welfare Services system. At the State and local levels, continuous quality improvement is assured through the statewide accountability and monitoring system mandated by the California-Child Family and Services Reviews as mandated by AB 636.

A number of key elements are needed to implement these accountability mechanisms. First is the achievement of specific tactical goals outlined in the Program Improvement Plan to make changes guided by the strategic directions of the Redesign. Next is the tracking of performance measures related to the Redesign through the Outcomes and Accountability System. It will also be important to establish both a Redesign Practice Framework to document and transfer practice standards, protocols and



lessons learned, as well as a centralized Practice Clearinghouse to evaluate and communicate to the workforce promising practices that are effective in reaching positive outcomes for children and families. A key element necessary for outcomes accountability is ensuring fair and equitable outcomes for all children and families. This can be achieved by a focus on changing the dynamics of bias through partnerships, inclusion and engagement; the use of emerging tools and promising practices to ensure fairness and equity while addressing the disproportionality that exists in the current system; and through preparation and support of the workforce to promote fair and equitable outcomes.

### **A Call to Action**

It is anticipated that joint leadership will take the form of CDSS, other State Departments, counties and community partners mutually agreeing to guide, direct, and influence change as required by the CWS Redesign—together.

The requirement for joint leadership and shared responsibility is a recognition that no one system can “do it all” to prevent child maltreatment and to protect children who have been abused or neglected. It does not mean that the “buck” is being passed, nor does it mean that no one is ultimately accountable. Accountability to the United States Department of Health and Human Services for statewide child welfare outcomes rests with CDSS, and in turn the county child welfare department must be accountable to the state for local performance on the same measures. To the extent that “form follows function”, new mechanisms will need to be developed to facilitate clarity and remove potential barriers, such as those associated with liability.

Throughout the Stakeholders process, CDSS’s role has been to model partnership, facilitate capacity building, and assure fair and equitable outcomes through the development of the new Outcomes and Accountability System/AB 636 accountability structure. In addition, the CDSS has been responsible for the identification of all required public policy, technology, training, technical assistance and finance system changes that will be necessary to support Redesign and to ensure that specific Redesign components and elements are ready to launch.

Although ultimately CDSS is accountable to the federal government for improving the outcomes for families and children served by the Child Welfare Services Program, the changes needed (and reflected in the vision of the CWS Redesign) are best achieved through the sharing of responsibility for outcomes. The Stakeholders Group will now become Champions for Children and represent a new level of leadership and partnership in Child Welfare Services. California is positioned to be successful as the full array of partners work together to move the Redesign forward.



# CWS REDESIGN GLOSSARY

AB 636	The Child Welfare System Improvement and Accountability Act of 2001 (AB 636, Steinberg). Identifies and replicates best practices to improve child welfare service outcomes through county-level review processes. Also referred to as California – Child and Family Service Review (C-CFSR).
Alternative Dispute Resolution (ADR)	Non-adversarial and confidential processes conducted by a neutral third party to assist two or more disputing parties reach a mutually acceptable and voluntary agreement as an alternative to litigation or contested hearings.
Alternative Permanency	Arrangements whereby youth for whom family restoration is not possible or appropriate establish enduring emotional ties with unrelated adult caregivers who are willing and able to offer a stable and supportive continuing relationship whether within or outside of the legal channels of adoption or guardianship
California Child and Family Services Review (C-CFSR)	See AB 636
California Child Welfare Outcomes and Accountability System	California's accountability mechanism that tracks and monitors child welfare outcomes, measures performance on a county and statewide basis, and enforces continuous quality improvement by requiring counties to set and meet improvement goals.
Change-Oriented Services	CPS interventions that increase protective capacities of the caregivers by modifying conditions or ineffective/inappropriate behaviors that threaten child safety, reconciling the competing demands of urgency and the gradual nature of meaningful change processes.
Child and Family Services Review (CFSR)	Formal review of state child welfare programs conducted every three years by the federal government using specific benchmarks designed to assess achievement of child safety, permanency and well-being outcomes and to identify the state's strengths, needs and requirements for technical assistance.

Child and Family Support Assessment (CAFSA)	The Child and Family Support Assessment is comprised of an initial face-to-face assessment of child safety, risk for maltreatment and parental protective capacity followed by a more comprehensive child and family assessment.
Child Welfare High Risk Response (See also Differential Response)	Intervention in situations in which children are, risk is moderate to high for continued child abuse/neglect and actions have to be taken to protect the child with or without the family's agreement. May involve the filing of criminal charges against the adult(s) causing harm.
Child Well-Being	A primary outcome for child welfare services focused on how effectively the developmental, behavioral, cultural and physical needs of children are met.
CWS Stakeholders	More than 60 invited representatives of all aspects of the child welfare community who met monthly over the course of three years to identify and recommend changes in California's Child Welfare Services system leading to better outcomes for children and their families.
Community Response (See also Differential Response)	A proactive response to and assessment of situations involving families under stress who come to the attention of the Child Welfare System but who do not present an immediate risk for child maltreatment. Provides families with access to services to address identified issues without formal entry into the system.
Concurrent Planning	The process of coupling aggressive efforts to restore the family with careful planning for the possibility of adoption or other permanency options should circumstances prevent restoration from occurring.
CWS Response (See also Differential Response)	A proactive response to and assessment of situations involving families in which low to moderate risk is present. Includes the engagement of families, voluntarily wherever possible, in development and implementation of a service plan directed at protection of the child.
Differential Response (See also Child Welfare High Risk Response, Community Response and CWS Response)	A graduated system for addressing referrals to the Child Abuse Hotline/Intake involving an initial assessment designed to identify immediate steps necessary to assure child safety and family engagement in such services as may be required to support them in performance of their parenting responsibilities.

Early Reunification	Efforts directed at enhancing parental protective capacity in order to permit the child to return to his or her family within 30 to 60 days of placement.
Evidence-based Clearinghouse	A web-based resource that identifies, evaluates, and categorizes practice research, and makes this information available to social work practitioners throughout the state.
Evidence-based Practice	A set of tools and resources for finding and applying the best current research evidence to service delivery, and integrating this information with clinical expertise and client values.
Fairness and Equity	Modification of policies, procedures and practices, and expansion of the availability of community resources and supports to ensure that all children and families (including those of diverse backgrounds and those with special needs) will obtain similar benefit from child welfare interventions and attain equally positive outcomes regardless of the community in which they live.
Family Support Principles	Practice guidelines promulgated by Family Support America that facilitate effective engagement with and work on behalf of families. (See Bibliography.)
Family to Family	An initiative designed in 1992 and field tested in communities across the country that effectively incorporates a number of strategies consistent with the values and objectives of Redesign, including comprehensive assessment, family team decision-making, neighborhood placement in families, and concurrent planning to assure children permanent families in a timely manner.
Family Well-Being	A primary outcome for California's child welfare services whereby families demonstrate self-sufficiency and the ability to adequately meet basic family needs (e.g., safety, food, clothing, housing, health care, financial, emotional and social support) and provide age appropriate supervision and nurturing of their children.
Inclusive governance	A characteristic of effective community partnerships that ensures that the diverse perspectives of the people affected by a decision, especially groups currently and historically under-represented, are taken into account in making and shaping decisions.

Initial assessment	The Redesign intake function, the focus of which is to learn more about the immediate safety issues for the child, as well as obtain background information about the parent through collateral contacts.
Maltreatment	An act of omission or commission by a parent or any person who exercises care, custody, and ongoing control of a child which results in, or places the child at risk of, developmental, physical, or psychological harm.
Multi-Disciplinary Teams	A group of professionals and paraprofessionals representing an array of disciplines (e.g., resource families, service providers, law enforcement, juvenile courts and other community organizations) who interact and coordinate efforts with parents and families, pooling their skills to offer comprehensive, coordinated services.
Non-Adversarial Approaches	Practices, including dependency mediation, family group conferencing or decision-making and settlement conferences, designed to engage family members as respected participants in the search for viable solutions to issues that have brought them into contact with CWS. See also Alternative Dispute Resolution (ADR)
Peer Quality Case Reviews	A key component of the C-CFSR designed to enrich and deepen understanding of a county's actual practices in the field by bringing experienced peers from neighboring counties to assess and help shed light on the subject county's strengths and areas in need of improvement within the child welfare services delivery system and social work practice.
Performance Indicators	Specific, measurable data points used in combination to gauge progress in relation to established outcomes.
Permanence	A primary outcome for child welfare services whereby all children and youth have stable and nurturing legal relationships with adult caregivers that creates a shared sense of belonging and emotional security enduring over time.
Program Improvement Plan (PIP)	A comprehensive response to findings of the CFSR establishing specific strategies and benchmarks for upgrading performance in all areas of nonconformity with established indicators.

Prevention	Service delivery and family engagement processes designed to mitigate the circumstances leading to child maltreatment before it occurs.
Resource Families	Relative caregivers, licensed foster parents and adoptive parents who meet the needs of children who cannot safely remain at home. Resource families participate as members of the multidisciplinary team.
Safety	A primary outcome for child welfare services whereby all children are, first and foremost, protected from abuse and neglect.
Shared Family Care	Temporary placement of children and parents in the homes of trained community members who, with the support of professional teams, mentor the families to the point that they develop the necessary skills, supports and protective capacity to care for their children independently.
Shared Responsibility	This concept encourages community residents to get involved in child protection. It offers opportunities for participation and stresses the importance and impact of the whole community's responsibility for child safety and well being. This does not negate the ultimate accountability of the CWS agency for child protection-rather, it engenders a community mind-set to develop the necessary capacity to protect children and to strengthen and preserve families.
Standardized Safety Approach	A uniform approach to the safety, risk and protective capacity of the adult caretaker to assure basic levels of protective responses statewide and to assure that fairness and equity is embedded in criteria used for case decisions
Successful Youth Transition	The desired outcome for youth who experience extended stays in foster care, achieved by the effective provision of a variety of services (e.g., health and mental health, education, employment, housing, etc.) continuing through early adulthood, while simultaneously helping youth to maintain, re-establish or establish strong and enduring ties to one or more nurturing adults.
System Improvement Plan (SIP)	A key component of the C-CFSR, this operational agreement between the county and the state outlines a county's strategy and action to improve outcomes for children and families;

Uniform Practice Framework	<p>A fully articulated approach to all aspects of child welfare practice that</p> <ul style="list-style-type: none"> <li>• Uses evidence-based guidelines for the start-up phase and on-going incorporation of known “best” or “promising” practices</li> <li>• Aligns with sound child and family policy</li> <li>• Is responsive to unique needs of diverse California Counties</li> <li>• Can be integrated with a Differential Response System</li> <li>• Addresses shared responsibility with the community</li> <li>• Emphasizes non-adversarial engagement with caregivers</li> <li>• Integrates practice work products from the Full Stakeholders Group and the Statewide Regional Workgroups.</li> </ul>
Vulnerable Families	<p>Families who face challenges in providing safe, nurturing environments for their children, including those demonstrating patterns of chronic neglect, those with young children (ages 0-5), those impacted by alcohol and drug abuse, homeless/poverty families, victims of domestic violence, and those with members whose mental health is compromised.</p>
Workforce	<p>A broad array of professionals and paraprofessionals that must come together to ensure the protection, permanence and well-being of children and families, including CWS at the county and state level along with such partners as resource families, community agencies, other public systems (e.g., mental health, education, public welfare, the court and other service providers).</p>



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